

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

22229

## 1. PLACE OF DEATH

County Buchanan

Registration District No. ....

85

Township .....

Primary Registration District No. ....

1001

City St. Joseph(No. 210 Clayton)

File No. ....

Registered No. ....

786

St. .... Ward)

## 2. FULL NAME

Mary Cleota Roberts

(a) Residence, No. ....

St. ....

Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. ....

mos. ....

ds. ....

How long in U. S., if of foreign birth?

yrs. ....

mos. ....

ds. ....

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFFred A. Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan. 21, 1894

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1  
day, ..... hrs.  
or ..... min.4160

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Housewife9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year) .....11. Total time (years)  
spent in this  
occupation .....12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)St. Joseph  
Missouri

FATHER

13. NAME Charles Cross14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Buchanan Co.  
Missouri

MOTHER

15. MAIDEN NAME Kate Stears16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Buchanan Co.  
Missouri17. INFORMANT  
(ADDRESS)Fred A. Roberts  
210 Clayton St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethel Cem.DATE July 23, 193519. UNDERTAKER  
(ADDRESS)Clark Mortuary  
5035 Ring Hill Ave.

20. FILED

JUL 24 1935John H. Boudin, Jr.  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1935 .19

22. I HEREBY CERTIFY, That I attended deceased from

, 19....., to....., 19.....

I last saw her alive on July 21, 1935. Death is saidto have occurred on the date stated above, at 7-A m.

The principal cause of death and related causes of importance were as follows:

Acute Uremic PoisoningDate of onset  
about  
July 20

Other contributory causes of importance:

probably cancer of the  
stomach and chronic nephritisunknownName of operation None Date of .....What test confirmed diagnosis? Urinal Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .....

Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? noIf so, specify William A. Robertson, M. D.(Signed) William A. Robertson, M. D.(Address) St. Joseph Mo

