

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

OCT 25 1935

Do not use this space.

23954-6

1. PLACE OF DEATH

County Barren
 Township Barren
 City Collinwood Pt. (No. _____)

Registration District No. 661
 Primary Registration District No. 3.86B

File No. _____
 Registered No. 130
 St. _____ Ward _____

2. FULL NAME

Willa Haze 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 <u>F</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Willa</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-5-1935</u>				
7. AGE	YEARS <u>0</u>	MONTHS <u>3</u>	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____			
	9. 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) <u>Steele, Mo</u>				
FATHER	13. NAME <u>Richard Roberts</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Onaka, Neb</u>			
MOTHER	15. MAIDEN NAME <u>Beulah Warren</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montana, Wis</u>			
17. INFORMANT (ADDRESS) <u>Richard Roberts, Steele, Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>out doors</u> DATE <u>7-27-35</u>				
19. UNDERTAKER (ADDRESS) <u>Steele, Mo</u>				
20. FILED <u>Oct. 9 1935</u> <u>Willa Haze Roberts</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/25/35, 19, to 7/26/35, 19, I last saw her alive on 7/25/35, 19. Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:
Colitis
Malaria
38

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) W. H. McDaniel, M. D.
 (Address) Steele, Mo

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.

