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.

NOV 27 1935

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

Do not use this space.

34842

1. PLACE OF DEATH
County Saline — Registration District No. [illegible] — File No.
Township — Primary Registration District No. [illegible] — Registered No. 53
City Slater (No. ..... St. ..... Ward)

2. FULL NAME Alice Lillian Roberts

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 White
5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lawson Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 11-1854

7. AGE — YEARS 81 — MONTHS 2 — DAYS X 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Kentucky

FATHER
13. NAME Thomas Jefferson Allen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Nancy Agnes Soper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) J Ray Roberts Slater Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Slater City Cemetery DATE Oct 21 - 1935

19. UNDERTAKER (ADDRESS) Jones & Salzer Slater Mo

20. FILED Oct 20 1935 W. M. Tuttle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2 20 1935, to Oct 17 1935
I last saw her alive on Oct 17 1935 Death is said to have occurred on the date stated above, at 1 pm m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	Sept 2 35

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None 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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Wm E Lockwood, M. D.
(Address) Slater Mo.

1935 10 20
1854 8 11
81 2 9