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.

DEC 20 1935

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

Do not use this space.

38237

1. PLACE OF DEATH
County Saline — Registration District No. [illegible] — File No.
Township — Primary Registration District No. 4479 — Registered No. 34
City Slater (No. , St. Ward)

2. FULL NAME Zelma Lee Roder
(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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Seymore Roder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October-10-1906

7. AGE — YEARS 29 — MONTHS 0 — DAYS 28 — 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) Slater Mo

FATHER
13. NAME Simmon Dennis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo

MOTHER
15. MAIDEN NAME Maude Bell Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo

17. INFORMANT (ADDRESS) Seymore Roder Slater Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Slater City Cemetery DATE Nov 19 1935

19. UNDERTAKER (ADDRESS) Jones & Salger Slater Mo

20. FILED Nov 10 1935 W. M. Tuttle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov-8-, 1935, to Nov-8-, 1935
I last saw her alive on Nov-8-, 1935. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

Insane.
Parolee from Hospital #2 Fulton.
Do not know history.

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) M. C. Duggins, M. D.
(Address) Slater, Mo.