

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

AUG 20 1936

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

26401

1. PLACE OF DEATH

County Howard  
Township Franklin  
City Franklin (No. \_\_\_\_\_)

Registration District No. 380  
Primary Registration District No. 4224

File No. \_\_\_\_\_  
Registered No. 19 St. \_\_\_\_\_ Ward)

2. FULL NAME Jessie 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

MEDICAL CERTIFICATE OF DEATH

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 Edwin D. Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 66 1 28

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. Housewife

10. Date deceased last worked at this occupation (month and year) June 1936 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe La Mo

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Jessie Tyler Roberts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) B. D. Roberts Boonville, Mo RR 4

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville, Mo DATE July 18 36

19. UNDERTAKER (ADDRESS) C. J. Dickerson New Franklin, Mo

20. FILED 7-18-36 J. B. Lee Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1936

22. I HEREBY CERTIFY That I attended deceased from July 4 1936 to July 16 1936. I last saw her alive on July 16 1936. Death is said to have occurred on the date stated above, at 7:00 p.m.

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

myocarditis unknown Date of onset \_\_\_\_\_  
cardiac decompensation about June 15 1936

Other contributory causes of importance: Hypertension unknown

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury \_\_\_\_\_

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? no

If so, specify W. T. Chamberlain, M. D.

(Signed) \_\_\_\_\_ (Address) New Franklin, Mo

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.

