

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

Do not use this space.

31943

SEP 28 1936

**1. PLACE OF DEATH**

County..... Pettis .....

Township.....

City..... Sedalia .....

Registration District No. 668

Primary Registration District No. 3032

(No. 909 East 14th.)

File No. 251

Registered No. 668

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Dollie Myer Roberts

(a) Residence, No. 909 East 14th. St. \_\_\_\_\_ Ward \_\_\_\_\_

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

60 6 25

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) Mo.

FATHER 13. NAME William Myer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

MOTHER 15. MAIDEN NAME Hulda Myer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

17. INFORMANT James Myers (ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Aug. 19 1936

19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia Mo.

20. FILED 8-19- 1936 Jean Slack Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 17/36 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1936 to Aug. 17 1936

I last saw her alive on Aug 17 1936 Death is said to have occurred on the date stated above, at 2:10 p.m.

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

Cerebral Haemorrhage  
(apoplectic stroke)  
2nd time

Date of onset Aug 2, 1936

Other contributory causes of importance:

arteriosclerosis

2nd time

Name of operation none Date of none

What test confirmed diagnosis? stroke 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, at home, or in public place. no

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Chas. A. ... M. D.  
 (Address) Sedalia, Mo.

