

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.

Dr. Whitaker

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

Do not use this space.

MAR 23 1937

1. PLACE OF DEATH

County Mississippi  
Township East Prairie  
City East Prairie (No. ....)

Registration District No. 677  
Primary Registration District No. 4334

File No. 7295  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Roberta Faye England

(a) Residence, No. East Prairie 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. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30 - 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
8 3

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) East Prairie, Mo.  
(STATE OR COUNTRY)

FATHER  
13. NAME William England

14. BIRTHPLACE (CITY OR TOWN) New Madrid, Mo.  
(STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME Roberta Owen

16. BIRTHPLACE (CITY OR TOWN) New Madrid, Mo.  
(STATE OR COUNTRY)

17. INFORMANT William England  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE W. Dist. DATE Feb 3 1937

19. UNDERTAKER James M. Shelby  
(ADDRESS)

20. FILED Feb 2 1937 W. S. Hodge  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1937 to Feb 2 1937

I last saw her alive on Feb 2 30, 1937 Death is said to have occurred on the date stated above, at 10 a.m.

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

Influenza  
11  
Bronchial Pneumonia  
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) George W. Whitaker, M. D.

(Address) East Prairie, Mo.

