

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.

MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph, (No. 415 No. 7th. St.)

Registration District No. 85
Primary Registration District No. 1001

File No. 15728
Registered No. 432
St. Ward

2. FULL NAME

Edith S. Roberts

(a) Residence, No. 415 No. 7th. St., St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Owen Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 18, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 11 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

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) St. Joseph, Mo.

13. NAME Lewis Stein
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York, N. Y.

15. MAIDEN NAME Lenora L. Cromwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frederick, Maryland

17. INFORMANT Miss Mary E. Stein
(ADDRESS) 415 No. 7th. St.

18. BURIAL, CREMATION, OR REMOVAL
Cremation at Elmwood
PLACE Com. Kansas City, Mo. DATE Apr. 7, 1937

19. UNDERTAKER Walter Meinhoffe
(ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED 4-6 1937 H. S. Conrad
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 6, 1937 .19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1937, to April 5, 1937

I first saw him alive on April 5, 1937. Death is said to have occurred on the date stated above, at 9:15 a.m.

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

General carcinoma of Lung - Breast left.
50

Date of onset Oct. 1936

Other contributory causes of importance: Cause left breast. Oct. 1935

Name of operation Date of
What test confirmed diagnosis? X-ray 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, 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

(Signed) H. S. Conrad, M. D.
(Address) Kirkpatrick Bldg. St. Joseph, Mo.

