

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.

JUN 29 1937

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

Do not use this space.

1. PLACE OF DEATH

98 County *Schuyler*  
Township *Liberty*  
City (No. ....) St. .... Ward

Registration District No. *805*  
Primary Registration District No. *6050*

File No. *721468*

Registered No. ....

2. FULL NAME

*Clarinda Roberts*

(a) Residence, No. .... St. .... Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. moa. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 11 1863*  
7. AGE YEARS *73* MONTHS *6* DAYS *4* If LESS than 1 day, .... hrs. or .... min.

8. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Elijah Roberts*

9. OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Matron & Supervisor of Clinic*  
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) *Schuyler Co.* (STATE OR COUNTRY) *mo.*

MOTHER 13. NAME *D. S. Moore*

14. BIRTHPLACE (CITY OR TOWN) *Virginia* (STATE OR COUNTRY)

15. MAIDEN NAME *Lucy Smith*

16. BIRTHPLACE (CITY OR TOWN) *Ind.* (STATE OR COUNTRY)

17. INFORMANT *Mrs Lottie Cornelius* (ADDRESS) *San Antonio Texas*

18. BURIAL, CREMATION, OR REMOVAL PLACE *C. P. Lancaster* DATE *May 16 1937*

19. UNDERTAKER *True Morehead* (ADDRESS) *Lancaster*

20. FILED *5/16 1937* *Byrdie H. Drake* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 15 1937*

22. I HEREBY CERTIFY, That I attended deceased from *May 14 1937*, to *May 15 1937*  
I last saw him alive on *May 15 1937* Death is said to have occurred on the date stated above, at *7:20 a.m.*

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

*Carcinoma of stomach*

Other contributory causes of importance: *40*

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 *3*  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? *no*  
If so, specify .....

(Signed) *Dr. R. E. Vaughan* M. D. O.  
(Address) *Lancaster, Mo.*

