

JUL 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Crawford
Township Union
City (No. 2)

Registration District No. 231
Primary Registration District No. 5315

File No. 23551
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Julia A. Roberts
St. _____ Ward _____

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/22 , 1937

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

22. I HEREBY CERTIFY, That I attended deceased from May 7 1937, to May 22 1937
I last saw her alive on May 5 1937. Death is said to have occurred on the date stated above, at 5:17 p.m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 95 1 28

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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

Fractured hip
Date of onset May 7 1937

Other contributory causes of importance: Since July 1862

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Mo

13. NAME H Taff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Delia Barber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____
Where did injury occur? Crawford Co
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in home

17. INFORMANT Mary Johnson
(ADDRESS) Book Station

18. BURIAL, CREMATION, OR REMOVAL PLACE Book Station DATE 5/24 1937

Manner of injury _____
Nature of injury Fractured hip

19. UNDERTAKER J. James
(ADDRESS) St. Louisville Mo

20. FILED 7/7 1937 CRS Registrar.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) G. W. Peers , M. D.
(Address) St. Louisville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

19413

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Crawford
Township Union
City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 231
Primary Registration District No. 3315

File No. 23551
Registered No. _____

2. FULL NAME

Julia 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

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
95 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. _____

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) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS) _____

20. FILED 7/7 1937 C. H. Gibbs Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/22 1937

22. I HEREBY CERTIFY, That I attended deceased from May 7 1937, to May 22 1937

I last saw h. CA. alive on May 8 1937. Death is said to have occurred on the date stated above, at 5:17 P.M.

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

Fractured hip
fall backward into floor - Occurred in home

Date of onset

5-5-37

Other contributory causes of importance:

Senility 1860

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 _____

Where did injury occur? Down Township Crawford Co., Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury in home
Fell in home on floor

Nature of injury Fracture of hip

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Geo. W. Reeves M. D.

(Address) Steelville Mo

SUPPLEMENTARY

S-23557