

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Scotland
Township Union
City Waverly (No. _____) St. _____ Ward _____

Registration District No. 810
Primary Registration District No. 6056

File No. 25000
Registered No. 37

2. FULL NAME

Alice M. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936, to May 20, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 1851

I last saw her alive on May 20, 1937. Death is said to have occurred on the date stated above, at 9:30 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 86 3 3

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

Chorea & General Semility

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

Chorea & General Semility

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

13. NAME Wm E. Harris

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

15. MAIDEN NAME Jane M. C. Kinney

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

17. INFORMANT A. R. Roberts

18. BURIAL, CREMATION, OR REMOVAL PLACE E. Kentucky Cemetery DATE May 28 1937

19. UNDERTAKER W. J. Gandy & Sons (ADDRESS) 221 N. 3rd St., Memphis, Mo.

20. FILED UN 28 1937 Registrar E. E. Symmonds

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? No

If so, specify _____

(Signed) E. E. Symmonds, M. D.

(Address) Memphis Mo.

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.

