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.

SEP 22 1937

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

Do not use this space.

1. PLACE OF DEATH
County Phelps — Registration District No. 677 — File No. 31470
Township — Primary Registration District No. 4403 — Registered No. 108
City Rolla (No. Rolla Hospital St. Ward)

2. FULL NAME Mrs. Elizabeth Roberson
(a) Residence, No. 6066 Westminster St., Ward. (If nonresident, give city or town and State)
(Usual place of abode) St. Louis Mo.
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: 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1867
7. AGE: YEARS 70 — MONTHS — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Pana, Illinois

FATHER
13. NAME Gerimiah S. Daly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Elizabeth Robinson.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

17. INFORMANT (ADDRESS) Mrs. Ella Plummer - St. Louis 6066 Westminster.
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cemetary Kansas City, Mo. DATE Aug 25, 1937
19. UNDERTAKER (ADDRESS) Null and Son Rolla, Missouri
20. FILED Aug 23 1937 Jos. F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23, 1937
22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1937, to Aug 23, 1937
I last saw her alive on Aug 23, 1937. Death is said to have occurred on the date stated above, at 1:00 p.m.
The principal cause of death and related causes of importance were as follows:

Fracture at the Base of the Skull
Auto Accident on Highway 66 2 miles east of Rolla on "Dead man Curve"

Date of onset

Other contributory causes of importance:
Was driving her own car.

Name of operation 2 10 M 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? Accident Date of injury Aug 23, 1937
Where did injury occur? Highway 66, 2 mi. E. of Rolla, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Automobile Accident
Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M. D.
(Address) Rolla Mo