WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

NOV 18 1937

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 36781
Township Kaw — Primary Registration District No. 1002 — Registered No. 4210
City Kansas City (No. Wheatley Prov. Hosp. St. ..... Ward)

2. FULL NAME Alma Roseberry
(a) Residence, No. 2402 Tracy St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 F
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1937
7. AGE YEARS — MONTHS — DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) K. C. Mo

FATHER
13. NAME Willie Roseberry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattsburg Mo.

MOTHER
15. MAIDEN NAME Wilma Caldwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattsburg Mo.

17. INFORMANT (ADDRESS) Wilma Roseberry 2402 Tracy
18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge DATE 10/19, 1937
19. UNDERTAKER (ADDRESS) Watkins Bros 1729 Ky Ave
20. FILED 10-19, 1937 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/19, 1937
22. I HEREBY CERTIFY, That I attended deceased from 9/17/1937, to 9/19/1937, 1937
I last saw her alive on 9/19/1937 Death is said to have occurred on the date stated above, at 11:45 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	
159	

Other contributory causes of importance:
Prematurity

Name of operation None Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) E. T. Perry, M. D.
(Address) 1214 Vine