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

Do not use this space.

File No. 3198

Registered No.

Registration District No. 429

Primary Registration District No. 6-5-84

1. PLACE OF DEATH
County: Johnson
Township: Washington
City: Knob Noster Mo. (If not within city or town, give name of township) St. Ward)

2. FULL NAME: Jane Roberts 163
(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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 16 1848

7. AGE: Years 89 | Months 10 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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): Johnson Co Mo

FATHER
13. NAME: Thomas Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

MOTHER
15. MAIDEN NAME: Sarah Ann Parman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT: Mrs Rose Hunter
(ADDRESS): Knob Noster Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Knob Noster Mo DATE: Jan 8 1938

19. UNDERTAKER: C L Sauls
(ADDRESS): Knob Noster Mo

20. FILED: Jan 7 1938 J A Koch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 6 1938

22. I HEREBY CERTIFY, that I attended deceased from Jan 3 1938, to Jan 6 1938
I last saw her alive on Jan 6 1938. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Cerebral Hemorrhage	

Other contributory causes of importance:
(1) Alcoholism chronic
(2) Arteriosclerosis.

Name of operation: — Date of:
What test confirmed diagnosis: Clinical Was there an autopsy? No

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) H. W. Hoover, M. D.
389 (Address) Knob Noster Mo

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

RECEIVED
FEB 25 1938
BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH