

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

Do not use this space.

1. PLACE OF DEATH

County Clark Registration District No. 647
Township Bagan Primary Registration District No. 5857
City (No) _____ St. _____ Ward _____

File No. 3630
Registered No. _____

2. FULL NAME

Mrs. Gladys Roberts 163
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew Roberts

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-24-1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 3 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

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) Howell Co., Mo

13. NAME John Cargill

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

15. MAIDEN NAME Fannie Taylor

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

17. INFORMANT (ADDRESS) Andrew Roberts
Watersfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Baptist Chh DATE 12-31

19. UNDERTAKER (ADDRESS) Higgins Funeral Home
Walcott Ark

20. FILED 2-10 1938 C.A. Beach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1937, to Dec 31, 1937

I last saw her alive on a few weeks ago, 1937. Death is said to have occurred on the date stated above, at 6 p.m.

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

Pulmonary Tuberculosis Date of onset 3 yrs ago

Other contributory causes of importance: None

Name of operation None Date of _____

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 1937

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) C.A. Beach, M. D.
Elijah, Mo (Address)

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH