

REC'D MAY 17 1938

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

Do not use this space.

14486

1. PLACE OF DEATH

County Stoddard Registration District No. 261
Township Washington Primary Registration District No. 4160
City Stewartville (No. _____) St. _____ Ward _____

File No. _____

Registered No. 152. FULL NAME Mary A. Roberts - 163

(a) Residence, No. _____ St. 2d 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar - 14 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 0 18

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

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) Ill.

13. NAME Lars Lewis

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

15. MAIDEN NAME Ann Olson

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

17. INFORMANT (ADDRESS) Miss Emma Lewis Stewartville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Grove DATE Mar 21 1938

19. UNDERTAKER (ADDRESS) F. E. Saunders Stewartville Mo

20. FILED Mar 30 1938 F. E. Saunders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 29 1938

22. I HEREBY CERTIFY, That I attended deceased from July 23^d, 1938, to Mar 29, 1938

I last saw him alive on Mar 29, 1938. Death is said to have occurred on the date stated above, at 12:30 a.m.

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

Carcinoma
ventriculi
pyloric end of
stomach

Other contributory causes of importance: Hb

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) F. E. Saunders M. D.

(Address) Stewartville Mo

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.

