REC'D MAY 6 1938

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

Do not use this space.

14739

1. PLACE OF DEATH
County Harrison
Township Marion
City ~~Bly~~ (No. ..... St. ..... Ward)

Registration District No. 341
Primary Registration District No. 5478

File No. .....
Registered No. 3

2. FULL NAME Rebecca S. 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1853

7. AGE Years 84 Months 8 Days 22 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) Sept, 1937
11. Total time (years) spent in this occupation 73

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County Ind.

FATHER
13. NAME Manlove Bain
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk N. Carolina

MOTHER
15. MAIDEN NAME Margaret McDonald
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk Unk

17. INFORMANT (ADDRESS) Mr. Wm. Roberts Blythedale Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blythedale DATE 2/10 1938

19. UNDERTAKER (ADDRESS) Rogan & Son Ridgeway Mo

20. FILED 2-10 1938 Lee Brewer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1937, to Feb 9, 1938
I last saw her alive on Feb 9 1 p.m., 1938 Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. pernicious anemia	1928±
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Other contributory causes of importance:	
2. Chronic nephritis	1 yr±
3. Acute catarrhal obstructive jaundice	2 wks
4. Acute respiratory infection with catarrh of nose & bronchi	

Name of operation none Date of .....
What test confirmed diagnosis? Blood & urinalysis 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) William D. Hobart, M. D.
(Address) Coyleville Mo

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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.