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

REC'D OCT 15 1938

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

31231
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kan
(c) City Kansas City
(d) Street No. K C Gen Hosp St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 399
Primary Registration District No. 1002
Registered No. 3528

2. PRINT FULL NAME Lorella Roberts 163
(a) Residence, No. 520 Woodland St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ernest Roberts
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1867
7. AGE 71 YEARS 7 MONTHS 4 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. H. W.
9. Industry or business in which work was done, as 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) Elkhart Ind

FATHER
13. NAME John J. Chapman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Margaret Owens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Ernest Williams Roberts 520 Woodland, K.C.MO
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope K.C.K. DATE Sept 9, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) R.A. Fulton K.C. Kansas
20. FILED Sept 8, 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-7, 1938
22. I HEREBY CERTIFY, That I attended deceased from 9-4, 1938, to 9-7, 1938
I last saw her alive on 9-7, 1938 Death is said to have occurred on the date stated above, at 4:47 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral sclerosis	
Encephalomalacia	
94 B	

Other contributory causes of importance:
Old Coronary occlusion
Myocardosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) P. F. De Maria, M. D.
(Address) Supt K C Gen Hosp K C Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

31231 -
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Primary Registration District No. 1002 - Registered No. 3528
(c) City K. C. (d) Street No. Gen. Hosp. - St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lonella Roberts
(a) Residence, No. 520 Woodland - St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) M -

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

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

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
72	4	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE ....19..

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Sept 8 1938 M. M. Crome
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7 1938

22. I HEREBY CERTIFY, That I attended deceased from ....19.... to ....19....
I last saw h.... alive on ....19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis (Arteriosclerosis)	
9 yr.	
Encephalomalacia	

Other contributory causes of importance:
Old coronary occlusion
Myocardosis

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? yes

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) P. F. DeMera, M. D.
(Address) Gen. Hosp. -

SUPPLEMENTARY

REGISTRAR'S NOTICE: ... CERTIFICATE IS UNTILTHEY ARE COMPLETED AS PRESCRIBED BY LAW.