

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.

RECD NOV 27 1938

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

Do not use this space.

34694

1. PLACE OF DEATH

County Jackson  
Township Low  
City Keokuk

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_  
(No. St. Luke's Hospital)

File No. \_\_\_\_\_  
Registered No. 4030  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Russel Dellon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 11 1907</u>		
7. AGE	YEARS <u>31</u>	MONTHS <u>3</u>
	DAYS <u>4</u>	If LESS than 1 day, .....hra. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La Toure Mo</u>	
	13. NAME <u>Dudley Roberts</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Annie Wood</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carroll Iowa</u>	
17. INFORMANT <u>Russel Dellon</u> (ADDRESS) <u>Small Spring Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Small Spring Mo</u> DATE <u>Oct 16 1938</u>		
19. UNDERTAKER <u>R. C. Carter</u> (ADDRESS) <u>Small Spring Mo</u>		
20. FILED <u>Oct 16 1938</u> <u>M. M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1938, to Oct 14, 1938.  
I last saw her alive on Oct 14, 1938. Death is said to have occurred on the date stated above, at 2 p.m.  
The principal cause of death and related causes of importance were as follows:  
acute obstruction of gut  
46 C  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Parasitoma of ascending colon

Name of operation Gastrostomy Date of Oct 10 38  
What test confirmed diagnosis? Sub 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) E. L. Nells, M. D.  
(Address) 1532 Piquemare St

5432 Wyand