

REC'D AUG 3 1939

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

Do not use this space.

24902

1. PLACE OF DEATH

3 County Atchison Registration District No. 19
Township Rockport Primary Registration District No. 5026
City Rockport (No.) St. Ward)

File No.
Registered No.

2. FULL NAME

Katherine Lane Roberson
(a) Residence, No. 1001 Rockport St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 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) Married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles D. Roberson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29-1897
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 2 16

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) July 1, 1939
11. Total time (years) spent in this occupation 33 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockport Missouri

MOTHER FATHER
13. NAME Joseph E. Lane
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
15. MAIDEN NAME Mary E. Plummer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Miss Jessie Lane (ADDRESS) Rockport Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Spring Hill DATE July 17, 1939

19. UNDERTAKER W. C. Johnson (ADDRESS) Hannibal Mo.

20. FILED July 16, 1939 Mary A. Connelley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1939

22. I HEREBY CERTIFY That I attended deceased from July 13, 1939, to July 15, 1939.
I last saw her alive on July 15, 1939. Death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Cardiac Nucleolitis
Chronic Myocarditis
Other contributory causes of importance: 93C
Date of onset July 1935

Name of operation None 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) R. W. Aykes, M. D.
16 (Address) Hannibal, Mo.

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.

RECEIVED

District Health Officer No. 11;

District File Number

839-951

Date Filed

AUG 3 1939