

OCT 28 1940

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

Do not use this space.

33025

1. PLACE OF DEATH

County St. Francois Registration District No. 774  
Township St. Francois Primary Registration District No. 6018A  
City Esther mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 985  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Melvina Caroline Roberts  
(a) Residence, No. Esther mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1867  
7. AGE YEARS 73 MONTHS 7 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. at home  
10. Date deceased last worked at this occupation (month and year) 7-20-40 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellinger Co. S

13. NAME Henry Riser

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

15. MAIDEN NAME Rachel Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellinger Co.

17. INFORMANT Robt Roberts  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Luke's DATE 9/22/40

19. UNDERTAKER Quest Spahr & Son  
(ADDRESS) Esther mo

20. FILED 9/29 1940 C B Kassar  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1940, to Sept 20, 1940  
I last saw her alive on Sept 20, 1940 Death is said to have occurred on the date stated above, at 11:5 P. m.

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

Lobar pneumonia 9/16/40  
Date of onset

Other contributory causes of importance: 108

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis physical 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) J. W. Zussman, M.D.  
(Address) 314th Street, 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.

Mr Spahr.

241 agents. Elias No.

Ernest Spahr

2639. Lucas Elias No.