

FILED APR 10 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH11435
Do not use this space.

1. PLACE OF DEATH

(a) County Morgan Registration District No. 1477
 (b) Township Mill Creek Primary Registration District No. 4578 Registered No. 5797
 (c) City _____ or _____
 (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 Gilla Roe

(a) Residence, No. Morgan County, Bunceton St. Bunceton Mo.
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed 2

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

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

7. AGE 83 YEARS 1 MONTHS 18 DAYS If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Bell Air, Cooper Co. Mo. (STATE OR COUNTRY)

FATHER 13. NAME Samuel Cole

14. BIRTHPLACE (CITY OR TOWN) U.S.A. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Gilla Cole

16. BIRTHPLACE (CITY OR TOWN) U.S.A. (STATE OR COUNTRY)

17. INFORMANT Sam Roe, Syracuse Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Nebo DATE 3/17/42

19. FUNERAL DIRECTOR (NAME) Ham-Balentine
 (ADDRESS) First Grove Mo.

20. FILED March 17, 1942 Dynale Conroy
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 19 42

22. I HEREBY CERTIFY, That I attended deceased from February 16, 19 42 to March 15, 19 42

I last saw her alive on March 15, 19 42. Death is said to have occurred on the date stated above, at 10:40 AM.

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

Lobar Pneumonia
Malignancy of Pelvis
Sarcoma of right femur
with general metastasis
Fracture of neck of femur 1928

Date of onset
3/10/42

Other contributory causes of importance:

Fracture was untreated.

Name of operation _____ Date of _____

What test confirmed diagnosis? pathology 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) Theodore Wm Doll, M. D.(Address) Syracuse Mo

RECORDED

District Health Officer No. 7th

District File Number 4-42-339

Date Filed 4-8-42

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.....

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

Signed *Lucius F. Lasker*

Licensed Embalmer No. *3840*

P. O. Address *Otterville, Mo*

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

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