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

JUL 26 1935

Do not use this space.

20729

1. PLACE OF DEATH

85 County Pulaski

Township Lincoln

Registration District No. 711

Primary Registration District No. 5940

File No. 71

Registered No. 718

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Opal Mae Roberts

(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/7/1913

7. AGE: YEARS 22 | MONTHS 2 | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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

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

FATHER

13. NAME Wade Roberts

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

MOTHER

15. MAIDEN NAME Eva Underwood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Wade Roberts
(ADDRESS) Dixon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dixon DATE June 25, 1935

19. UNDERTAKER Fred H. Gilbert
(ADDRESS) Dixon, Mo.

20. FILED 7/8 1935 A. S. Lins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/23, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1932, to 6-23-, 1935

I last saw her alive on June 1st, 1935. Death is said to have occurred on the date stated above, at 10 P. m.

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

	Date of onset
Pulmonary T. B.	

Other contributory causes of importance:

Asphyxia

Name of operation ..... Date of .....

What test confirmed diagnosis? T. B. Bacillus Was there an autopsy?

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) A. J. Crider, M. D.

(Address) Dixon, Mo.

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