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

Do not use this space.

11355

File No. 3194
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 707
Township ..... Primary Registration District No. (1)
City St Louis (No. City Hosp. #2 St. ..... Ward)

2. FULL NAME Anna Roberts

(a) Residence. No. 1319½ N. Garrison St., 21 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 30th 1921

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	6	4	19	

8. OCCUPATION OF DEASCED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Geo. Roberts
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Meridian
(STATE OR COUNTRY) Mississippi
12. MAIDEN NAME OF MOTHER Martha Whitley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Charleston
(STATE OR COUNTRY) Missouri

14. INFORMANT George Roberts
(Address) 1319½ Garrison Av.

15. Filed ..... 19..... Mary A. Starker Registrar

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-19-1928

17. I HEREBY CERTIFY, That I attended deceased from 3-19, 1928, to 3-19, 1928, and that that I last saw her alive on 3-19, 1928, and that death occurred, on the date stated above, at 4 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diphtheria
10
10 (duration) from Hemorrhage 2 hrs. mos. ds.
CONTRIBUTORY (SECONDARY) Klebs-Loffler Bacillus
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF None
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) Oscar William Johnson, M. D.
3-20, 1928 (Address) 4227 W. Cook

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Washington Park	Mar. 22 1928
20. UNDERTAKER Manuel Undertaking Co.	ADDRESS 4059 Finney Av.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Poems 1