28 1929

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

Do not use this space.

1. PLACE OF DEATH
County Livingston
Township Moorsville
~~City Moorsville~~ (No. ..... St. ..... Ward)

Registration District No. 512
Primary Registration District No. 3679

File No. 15301
Registered No. 5

2. FULL NAME Rosalie 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J. N. Roberts

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 3 1861

7. AGE: Years 67 | Months 10 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

PARENTS
10. NAME OF FATHER: Louis Banon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Canada
12. MAIDEN NAME OF MOTHER: Rosalie Desair
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Canada

14. INFORMANT: J. N. Roberts
(Address) Moorsville Mo

15. FILED 4/16 1929 Anna L. Capinter REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 - 14 1929

17. I HEREBY CERTIFY, That I attended deceased from November, 1928, to April 14, 1929, that I last saw her alive on April 8, 1929, and that death occurred, on the date stated above, at 10 - 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the Liver

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Moorsville Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) A. J. Simpson, M. D.
April 16 1929 (Address) Chillicothe Mo

*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: Moorsville Cem.
DATE OF BURIAL: 4 16 1929

20. UNDERTAKER: F B Norman
ADDRESS: Chillicothe Mo

DEC 5 1950