MAY 22 1930

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

Do not use this space.

15-1

1. PLACE OF DEATH

County: Ozark — Registration District No. 1067 — File No. 3

Township: Walnut — Primary Registration District No. 5009 — Registered No. 3

City: Yarrow (No. ..... St. ..... Ward)

2. FULL NAME: Ella M. 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: F

4. COLOR OR RACE: w

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 13, 1866

7. AGE: Years 63 | Months 5 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housekeeper

(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): Mo

PARENTS

10. NAME OF FATHER: H. F. Hays

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ind

12. MAIDEN NAME OF MOTHER: Jane Hadill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Chas Roberts (Address) Yarrow

15. FILED Jan 20 1930 John T. Morton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 1 1930

17. I HEREBY CERTIFY, That I attended deceased from after death, 19..., to ....., 19..., that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 9-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide by drowning

166 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 169 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. P. Foster, M. D.

, 19 (Address) La Crosse 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: Mount Carmel — DATE OF BURIAL: Jan 5 1930

20. UNDERTAKER: W H McCollum — ADDRESS: South Gifford

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.