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

Do not use this space.

1550

1. PLACE OF DEATH

County Jasper — Registration District No. 408

Township [illegible] — Primary Registration District No. 3020

City Carthage, Mo (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Mrs Hazel Roos

(a) Residence. No. 608 E. Highland 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8, 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	32	8	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Eldorado Springs
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Robert Louis Lindley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bloomington
(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Adelia Wish

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Danville
(STATE OR COUNTRY) Illinois

14. INFORMANT Guy A Roos
(Address) Carthage, Missouri

15. FILED Jan 27, 1930 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 25 1930

17. I HEREBY CERTIFY, That I attended deceased from 2/16, 1928, to 1/25, 1930, that I last saw her alive on 1/25, 1930, and that death occurred, on the date stated above, at 8:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr. pulmonary Tuberculosis

23A

23B

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Haemorrhage from the Lungs (duration) yrs. mos. 1 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? Xray. Exaus. sputum

(Signed) H A LaForce, M. D.

Jan 25, 1930 (Address) Carthage 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	DATE OF BURIAL
Park Cemetery	Jan 28 1930
20. UNDERTAKER	**ADDRESS**
Kneel Mortuary	Carthage Mo

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.

WHITE PLANET WITH UNFADING INK—THIS IS A PERMANENT RECORD