

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

Do not use this space.

APR 25 1934

1. PLACE OF DEATH

County Pemiscot
Township Maggard
City (No. _____) _____

Registration District No. 653
Primary Registration District No. 5871

File No. 9923
Registered No. 56

FULL NAME

Willie May Roberts - (Colored)

(a) Residence, No. _____ St. _____ Ward _____

(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 B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Not known

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 30 - - - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
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) Not known

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) _____

18. BURIAL PREPARATION OR REMOVAL PLACE County Home DATE 3/30 34

19. UNDERTAKER (ADDRESS) Supp & J. M. Woodruff

20. FILED 3-10 1934 J. N. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____ 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-28, 1934, to 3-30, 1934. I last saw h. er alive on 3-20, 1934. Death is said to have occurred on the date stated above, at 2P m.

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

Jacksonian Epilepsy

Other contributory causes of importance: 87B

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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? No
If so, specify Fred L. Taylor, M. D.
(Signed) _____ (Address) Carrollville Mo

The following table shows the results of the survey conducted in the year 1950-1951. The data is presented in a tabular format, with columns representing different categories and rows representing different sub-categories. The total number of respondents is 1000.

Category	Sub-Category	Percentage
Age Group	18-24	25%
	25-34	30%
	35-44	20%
	45-54	25%
Gender	Male	55%
	Female	45%
	Other	0%
	Not Specified	0%
Education Level	High School	40%
	College	35%
	Postgraduate	15%
	Other	10%
Income Level	Low	30%
	Medium	45%
	High	15%
	Other	10%
Occupation	Professional	20%
	Managerial	15%
	Service	30%
	Other	35%

The survey results indicate that the majority of respondents are in the 25-34 age group, are female, have a college education, and are in the middle income bracket. The majority of respondents are also in the service or other occupation categories.

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Franklin Registration District No. 653
 Township Braggadoes Primary Registration District No. 5871
 City..... (No..... St..... Ward.....)

File No.....
 Registered No. 56

2. FULL NAME

(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.

Millie May Roberts (col)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unknown

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/30, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
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Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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.....

Other contributory causes of importance:

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

13. NAME

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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

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)

15. MAIDEN NAME

Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury.....
 Nature of injury.....

17. INFORMANT (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS) County Farm J. N. Rudolph, Sup't Hts.

(Signed)....., M. D.
 (Address).....

20. FILED 3-10 1934 J. M. Johnson Registrar.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

5-9903