

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.

JAN 10 1935

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

Do not use this space.

1. PLACE OF DEATH

County Grundy
Township Trenton
City Trenton (No.)

Registration District No. 328
Primary Registration District No. 3017

File No. 42686
Registered No.
St. Ward

2. FULL NAME Lucina Roberta

(a) Residence, No. 1126-E-18th Court St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22 - 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 9 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired house-wif
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 93

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

13. NAME James D. Maxwell

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

15. MAIDEN NAME Unknown

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

17. INFORMANT John R. Roberts (ADDRESS) Trenton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Odd Fellows DATE Dec 2 1934

19. UNDERTAKER Bern C Davis (ADDRESS) Trenton Mo.

20. FILED 12-2 1934 Gene D Fair Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1st 1934

22. I HEREBY CERTIFY, That I attended deceased from 26 Nov 1934 to 1 Dec 1934

I last saw h. live on 30 Nov 1934 Death is said to have occurred on the date stated above, at 11:00 AM.

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

Intentional Obstruction 6 days
due to large umbilical
hernia of over 50 years
duration

Other contributory causes of importance 12. A myocardial and skeletal

Name of operation None Date of
What test confirmed diagnosis? Phys. findings 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
(Signed) E. A. Duffly M. D.
(Address) Trenton Mo.

