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

MAY 24 1935

Do not use this space.

File No. 12460

Registered No.

1. PLACE OF DEATH

County: Franklin Co. Registration District No. 293

Township: Calvey Primary Registration District No. 5416

City: Robertsville (No. Robertsville Mo St. Ward)

2. FULL NAME: Eliza Henry Roberts

(a) Residence, No. Robertsville Mo 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 20 - 1868

7. AGE: Years 76. Months 4 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

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): Franklin Co Mo

FATHER

13. NAME: Henry Daniel

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

MOTHER

15. MAIDEN NAME: Eliza Caldwell

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

17. INFORMANT: Frances Jones
(ADDRESS) Robertsville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Valhalla Cem. DATE: Apr. 6 - 1935

19. UNDERTAKER: Edith E. Ambrister
(ADDRESS) 4234 Manchester Av. St Louis Mo.

20. FILED: 4/24 1935 G. E. Engas
R. R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 4. 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1 1935, to April 4 1935
I last saw her alive on April 2. 1935 Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of the Brain	4/4/35

Other contributory causes of importance: Arterial Sclerosis Chronic.

Name of operation: Date of:
What test confirmed diagnosis? Blood Pressure 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?
If so, specify
(Signed) J. L. Hauer, M. D.
(Address) 634 No Broad Athens 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.