Kindig OCT 21 1935

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

Do not use this space.

31584

1. PLACE OF DEATH
103 County Stoddard
Township Pike
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 834
Primary Registration District No. 1 7

File No. .....
Registered No. .....

2. FULL NAME Izola Hill 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 Female
4. COLOR OR RACE ~~Colored~~
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26-1918

7. AGE YEARS 17 MONTHS 7 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. Housework.
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) Cross County Arkansas

FATHER
13. NAME Ed Hill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Delilah Sutton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kohoma Co. Mississippi

17. INFORMANT (ADDRESS) William Sutton Bell City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pilgrims Rest Stoddard Co. DATE Sept 15, 1935

19. UNDERTAKER (ADDRESS) H J Welch Sikeston, Mo.

20. FILED ....., 19.....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1935 to Sept 9, 1935
I last saw her alive on Sept 9, 1935. Death is said to have occurred on the date stated above, at 6:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Tuberculosis	Dent Know

Other contributory causes of importance: 33

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

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) Howard M Kindig, M. D.
(Address) Sikeston 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.

CCC.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Stoddard
Township: Pike
City: ..... (No. ....., ... St. ..... Ward)

Registration District No.: 834
Primary Registration District No.: 6097

File No.:
Registered No.: 26

2. FULL NAME: Izola Hill 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	C	M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 26, 1918

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	17	7	19	

OCCUPATION
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. Housework
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): Cross County Arkansas

FATHER
13. NAME: Ed Hill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Delilah Sutton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kohoma Co. Mississippi

17. INFORMANT (ADDRESS): William Sutton Bell City, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Stoddard Co.
PLACE: Pilgrims Rest DATE: Sept. 15, 19 35

19. UNDERTAKER (ADDRESS): H. J. Welsh Sikeston, Mo.

20. FILED: 10-5-, 19 35 — N. McKearly, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 14, 19 35

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	Date of onset
Acute Pulmonary Tuberculosis	
Dontn Know	

Other contributory causes of importance:

Name of operation ..... Date of .....
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(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) Howard M. Kendig, M. D.
(Address) Sikeston, Mo.

SUPPLEMENTARY

NOTE: 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.

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