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.

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

MAR 23 1936

Do not use this space.

4545

1. PLACE OF DEATH

County Boone — Registration District No. 72 — File No.

Township — Primary Registration District No. 4041 — Registered No. 6

City Centralia (No. , St. Ward)

2. FULL NAME Villa Roberts

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 W. — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-10-1877

7. AGE — YEARS 58 — MONTHS 11 — DAYS 29 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Andrain Co Mo.

FATHER

13. NAME Phillip Dalby

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

MOTHER

15. MAIDEN NAME Susan Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrain Co, Mo.

17. INFORMANT (ADDRESS) S B Roberts Centralia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia Mo DATE 2-10 1936

19. UNDERTAKER (ADDRESS) M J McDonald Centralia Mo

20. FILED 2/10 1936 J. H. Hickerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1936, to Feb. 9, 1936

I last saw her alive on Feb. 9, 1936 Death is said to have occurred on the date stated above, at 3:45 A.m.

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

	Date of onset
Cerebral Hemorrhage	2/8/36

Other contributory causes of importance: None

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

(Signed) Chas W. Austena, M. D.

(Address) Centralia Mo. 112 E. Sneed St.