JAN 15 19

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

Do not use this space.

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 126 — File No. 44968
Township Hubbell Creek — Primary Registration District No. 5174 — Registered No. 11
City ~~Hubbell Creek~~ (No. ..... St. ..... Ward)

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2. FULL NAME Bertha C Roe

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: David C Roe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 9, 1883

7. AGE: YEARS 54 — MONTHS 8 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Sedgwickville Bollinger Co Mo.

FATHER
13. NAME: Emanuel Masters
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bollinger Co Mo.

MOTHER
15. MAIDEN NAME: Mahala Hahs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Bollinger~~ Cape Co Mo.

17. INFORMANT (ADDRESS): David C Roe White Water Mo.

18. BURIAL, CREMATION, OR REMOVAL: Sedgewickville Cem. Bollinger Co. Mo. DATE 12/17/1937

19. UNDERTAKER (ADDRESS): Bisplinghoff & Hubbard Chaffee Mo.

20. FILED 12/17 1937 Mrs. N. W. Ford, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 7th, 1937, to Dec 15, 1937
I last saw her alive on Dec 14, 1937. Death is said to have occurred on the date stated above, at 6:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Colitis	Dec 4
93C	
Other contributory causes of importance: Myo-Carditis	about 10 yrs

Name of operation: None — Date of: ✓
What test confirmed diagnosis? Symptom — 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) D. L. Seabaugh, M. D.
(Address) Jackson Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.