

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

Do not use this space.

1. PLACE OF DEATH

County Carter
Township Rockville
City (No. _____) _____

Registration District No. 54
Primary Registration District No. 5085

File No. 1962
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alonso Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12 - 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 11 19

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

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) Sweden

13. NAME Lars Paulson

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

15. MAIDEN NAME Not known

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

17. INFORMANT Edra M. Roberts
(ADDRESS) Rockville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rockville Cml DATE Feb 2 1938

19. UNDERTAKER Frank Lee
(ADDRESS) Appleton City Mo

20. FILED Feb 2 1938 Mrs. Bessie Gunn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-20 1937, to 1-31 1938

I last saw h.s. alive on 1-17 1938. Death is said to have occurred on the date stated above, at 10⁰⁰ a.m.

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

Myocarditis, ch
abc

Other contributory causes of importance:

RECEIVED

Name of operation _____ Date of _____

What test confirm diagnosis? FEB 21 1938 Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, BUREAU OF VITAL STATISTICS Date of injury _____, 19____
Where did injury occur? MO. STATE BUREAU OF HEALTH (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) W. H. Lee M. D.
(Address) Appleton City, 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.

