

NOV 14 1938

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

35467
Do not use this space.

1. PLACE OF DEATH
 (a) County Cole Registration District No. 212
 (b) Township Clark Primary Registration District No. 4129 Registered No. 11
 (c) City Eugene, Mo. (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 163

2. PRINT FULL NAME Rosa V. Roberts
 (a) Residence, No. Eugene, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 J. Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19th, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 1 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
 9. Industry or business in which work was done, as 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) Boonsbury Missouri

FATHER 13. NAME Jacob Fisher
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Jane Allen
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT J. Roberts (ADDRESS) Eugene, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Eugene Cem. DATE Oct. 11th, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) G. N. Steffens Russellville, Mo.

20. FILED Oct 10, 1938 Miss F. L. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9th, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1938, to Oct. 9, 1938. I last saw her alive on October 9, 1938. Death is said to have occurred on the date stated above, at 11-45 P.M.

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

Carcinoma of the Breast.

Date of onset
Jan 1935

Other contributory causes of importance:

Name of operation None Date of XX
 What test confirmed diagnosis? Physical 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 Leo H. Shirley, M. D.

(Address) Eugene, Missouri.

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.

STATEMENT BY LICENSED EMBALMER

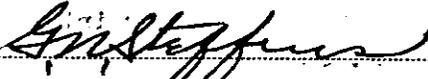
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

G.N. Steffens

or by

Registered Apprentice No., working under my personal supervision.

Signed



Licensed Embalmer No. 2307

P. O. Address Russellville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.