

REC'D DEC 19 1938

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

Do not use this space.

39130

1. PLACE OF DEATH

38 County Gentry 2 Registration District No. 310
Township Casper 1 Primary Registration District No. 5429A
City Darlington (No. _____ St. _____ Ward _____)

File No. _____

Registered No. 1362. FULL NAME Hazel Dell 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 21, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 7 16

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

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) Darlington, Mo. (STATE OR COUNTRY) G

13. NAME Leander Shoemaker

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

15. MAIDEN NAME Margaret Shelby

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ohio

17. INFORMANT Richard Roberts (ADDRESS) Darlington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rouse DATE Nov. 7, 1938

19. UNDERTAKER Brooks Funeral Home (ADDRESS) Albany, Mo.

20. FILED Nov-7, 1938 Matthe David Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-1-1938, 1938, to 11-1-1938, 1938

I last saw her alive on 11-4-1938, 1938 Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Primary Carcinoma of lung Date of onset 9-38

Other contributory causes of importance: 47

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray 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) Frank A. Rose, M. D.

(Address) 282 Albany, Mo.

WRITE PERMANENT, WITH CARE. 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.

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