

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

Do not use this space

37736

1. PLACE OF DEATH

County Missouri
Township Rocky
City Rocky Mount (No.)

Registration District No. 1167
Primary Registration District No. 3699

File No.
Registered No. 23
St. Ward)

2. FULL NAME

Lily Roberts

(a) Residence, No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 89 yrs. 1 mos. 9 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-6-1840

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
89 1 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Homewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) D.K.
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER J. Davidson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) D.K.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER D.K.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D.K.
(STATE OR COUNTRY)

14. INFORMANT J. L. Harrell
(Address)

15. FILED Dec. 19, 1929 E. Edmondson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-14-1929
17.

I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1929, to Nov. 14, 1929, that I last saw her alive on Nov. 14, 1929, and that death occurred, on the date stated above, at 6 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

180 A
119 B
injury from a fall
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) 185
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? 12

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. M. Dabbs, M. D.
, 19 (Address) Rocky Mount MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Chitwood Cemetery 11-15-1929

20. UNDERTAKER

Sam & B Lenkensky Exeter, 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.

100
53

230

2

115

