

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.

MAY 22 1933

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

Do not use this space.

13937

1. PLACE OF DEATH

County Miller

Registration District No. 561

File No. _____

Township _____

Primary Registration District No. 5755

Registered No. 19

City Olean,

(No. _____)

St. _____

Ward _____

2. FULL NAME Susan Roberts

(a) Residence, No. _____

Olean, Mo.

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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Not Known Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15th, 1840

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

93

2

17

OCCUPATION

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

House Keeper

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)

Covington

Kentucky

FATHER

13. NAME Nathaniel Medlock

MOTHER

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

Kentucky

15. MAIDEN NAME Evelin McDaniel

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

Kentucky

17. INFORMANT (ADDRESS)

R.L. George

Olean, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Gray Cemetary

DATE Apr. 13th, 1933

19. UNDERTAKER (ADDRESS)

G.N. Steffens

Russellville, Mo.

20. FILED

4-13

1933

Belle Haynes

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 12th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to April 12, 1933

I last saw him alive on April 8, 1933 Death is said to have occurred on the date stated above, at 7-40 A.M.

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

Senility

Date of onset

Don't know

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis?

Chloroform

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)

G.D. Walker

M. D.

(Address)

Olean Mo.

