

STATE OF KANSAS

STANDARD CERTIFICATE OF DEATH

Do not write

99 1984

In this space

State Board of Health—Division of Vital Statistics

1. PLACE OF DEATH: County WabashaTownship PlumbRegistered No. 997or  
City

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary Elizabeth Roberson

(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 63 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Was deceased ever a member of the Army, Navy, or Marine Corps of the United States? \_\_\_\_\_

If so, state Organization \_\_\_\_\_ Rank \_\_\_\_\_ Period of service \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank M Roberson6. DATE OF BIRTH (month, day, and year) Sept 2 18497. AGE Years 83 Months 5 Days 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired home maker

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) 3 years 11. Total time (years) spent in this occupation \_\_\_\_\_12. BIRTHPLACE (city or town) Meru KY (State or country) Kentucky13. NAME John Rice Craig14. BIRTHPLACE (city or town) Meru KY (State or country) Kentucky15. MAIDEN NAME Lucinda Wheat16. BIRTHPLACE (city or town) Meru KY (State or country) Kentucky17. INFORMANT Lula Burns (Address) Emporia Kan18. BURIAL, CREMATION, OR REMOVAL Place Wilmington Date Feb 3 193319. UNDERTAKER W J Zetts (Address) Warrenville K20. FILED 6 Feb 1933 W A Banting Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 3 193322. I HEREBY CERTIFY, That I attended deceased from Jan 27 1933, to Feb 3 1933I last saw h.w. alive on Feb 3 1933 death is said to have occurred on the date stated above at 2:30 a.m.

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

Hyperstatic Pneumonia of right lung Date of onset 2-2-33Contributory causes of importance not related to principal cause: cardiac weaknessName of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no23. 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? noIf so, specify \_\_\_\_\_  
(Signed) C. L. Youngman, D. M.(Address) Warrenville