

REC'D OCT 19 1938

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

31839
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
(b) Township 1 Primary Registration District No. 3008
(c) City Fulton, Mo. (d) Street No. State Hosp. #1 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 14 yrs. 7 mos. 22 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 237

2. PRINT FULL NAME James Roberts 116

(a) Residence, No. Wisconsin ← 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1937 to Sept 30 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1876

I last saw h. in alive on Sept 30 1938. Death is said to have occurred on the date stated above, at 8:15 m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 62 OK. D.H.

Coronary Occlusion

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) etc.
11. Total time (years) spent in this occupation etc.

Other contributory causes of importance:
94B

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

FATHER 13. NAME DK.

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

MOTHER 15. MAIDEN NAME DK.

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

17. INFORMANT State Hosp. Records
(ADDRESS) Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kirkville, Mo. DATE Oct. 3 1938

19. FUNERAL DIRECTOR (NAME) Glen Y. Maspin
(ADDRESS) 100 Cant St. Fulton, Mo.

20. FILED Oct 3 1938 R. N. Crewe
Local Registrar.

Name of operation None Date of -
What test confirmed diagnosis? - Was there an autopsy? -

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 Home
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify -

(Signed) F. A. Barnett, M. D.
(Address) State Hosp. #1
Fulton, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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, Oct. 2, 1935

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed..... Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address..... Fulton, 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.