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.

LBD NOV 15 1938

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

35274
Do not use this space.

1. PLACE OF DEATH
(a) County Callaway 3 Registration District No. 104
(b) Township Fulton 1 Primary Registration District No. 3008 Registered No. 248.
(c) City Fulton (d) Street No. ..... 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 yrs. mos. 17 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Callie Roberts
(a) Residence, No. Ashland, Mo. St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 John M. Roberts
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4, 1884.
7. AGE YEARS 54 MONTHS 89 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

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

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

FATHER
13. NAME Lincoln Nicholson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER
15. MAIDEN NAME Elizabeth Graham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Records of Cancer Hospital #1 Fulton, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE New Salem DATE 10/16 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ashland Undt Co Ashland Mo
20. FILED Oct 14, 1938 R. N. Crews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1938 to Oct 14, 1938
I last saw her alive on Oct 14, 1938 Death is said to have occurred on the date stated above, at 10 30 A.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Left breast — Date of onset 1937
50 IN

Other contributory causes of importance:
Generalized Metastases over body.

Name of operation None Recent Date of Aug 1938
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) F. S. Lapp, M. D.
101 (Address) Fulton, Mo

(Licensed Embalmer's Statement on Reverse Side)

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, Wm C Burnett, or by .....

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

Signed Wm C Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.