JAN 11 1939

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

42324
Do not use this space.

1. PLACE OF DEATH
(a) County Boone
(b) Township Columbia
(c) City
Registration District No. 73
Primary Registration District No. 5073
Registered No. 302
(d) Street No. Boone County Infirmary 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emmett Roberts
(a) Residence, No. Boone Co Infirmary St.
(Usual place of abode, if no street address, write country or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29, 1869
7. AGE: Years 69 Months 3 Days 0 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Co. Infirmary
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) Boone Co. Mo

FATHER
13. NAME Thomas P. Roberts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Mary McGee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Wentley Roberts Sturgeon, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Lickfork Cem. DATE Dec. 31 1938
19. FUNERAL DIRECTOR (ADDRESS) Barnes & Roberts Sturgeon, Mo.
20. FILED 12/30/ 1938 Ollie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 1938
22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937, to Dec 30, 1938
I last saw him alive on Dec 24 1938. Death is said to have occurred on the date stated above, at 4:50 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1936
97	
Other contributory causes of importance:	
Senile dementia	1936

Name of operation None Date of
What test confirmed diagnosis? ✓ 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) A W Kaufschmidt, M. D.
(Address) Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Reuben Barnes, Licensed Embalmer No. 2025

hereby certify that the body recorded on the reverse side of this certificate was embalmed by was not embalmed

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Reuben Barnes

Licensed Embalmer No. 2025

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.)