

1850 JAN 5 1938

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

43270  
Do not use this space.

1. PLACE OF DEATH  
Howell  
(a) County Howell Registration District No. 2  
(b) Township Benton Primary Registration District No. 5538 Registered No.  
(c) City (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 1 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
2. PRINT FULL NAME Sophia Esther Roberts  
Hocomo, Howell County, Mo.  
(a) Residence, No. (Usual place of abode, if no street address, write county or city) St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF P. H. Roberts  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1868  
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, .....hrs. or .....min.  
70 8 39  
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) Cooper County, Mo.

FATHER 13. NAME Samuel Cochran  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Ellen Gault  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Frances Williams  
(ADDRESS) Hocomo, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holden, Mo. DATE 12/25 1938

19. FUNERAL DIRECTOR Robertsons Mortuary  
(ADDRESS) West Plains, Mo.

20. FILED 19 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15 1938  
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938 to Dec. 15, 1938  
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 1:20 p.m. M  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach Date of onset  
Chronic nephritis  
Other contributory causes of importance:  
Name of operation None Date of.....  
What test confirmed diagnosis? Examination where 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) West Plains, Mo., M. D.  
(Address) West Plains, Mo.

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

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.

50M-7-20-37 I X12004

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
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43270  
Do not use this space.

1. PLACE OF DEATH *Holtzman*  
 (a) County *Holtzman* Registration District No. *386*  
 (b) Township *Benton* Primary Registration District No. *3338* Registered No. *18*  
 (c) City ..... (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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Sophia Esther Roberts*  
 (a) Residence, No. *Holomo Howell Co Mo* (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *wid*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *P. H. Roberts*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mch 16 1868*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*70 8 29*

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) *Cooper Co Mo*

13. NAME *Samuel Cochran*

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

15. MAIDEN NAME *Ellen Gault*

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

17. INFORMANT (ADDRESS) *Francis Williams Holomo Mo*

18. BURIAL, CREMATION OR REMOVAL PLACE *Holden Mo* DATE *12/25* 19*38*

19. FUNERAL DIRECTOR (ADDRESS) *Robertsons Mortuary West Plains Mo*

20. FILED *Feb 6* 19*39* *Fanni B. Bank* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 15* 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *June 1* 19*38* to *Dec 15* 19*38*  
 Last saw h. .... alive on ..... 19..... Death is said to have occurred on the date stated above, at *1208* m.  
 The principal cause of death and related causes of importance were as follows:  
*Carcinoma of stomach*  
 Date of onset  
 Other contributory causes of importance:  
*Chronic nephritis*

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? ..... 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? .....

(Signed) *R. E. Hogan* M. D.  
 (Address) *West Plains Mo*

WHITE PENCIL, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNLESS THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PERMANENT RECORD

