LEG'D JAN 20 1939

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

44606
Do not use this space.

1. PLACE OF DEATH
(a) County Schuyler 2 Registration District No. 806
(b) Township Porcine 1 Primary Registration District No. 4485 Registered No.
(c) City Queencity Mo (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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ALMA. Nancy Roberts
(a) Residence, No. 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): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5 - 1860
7. AGE: YEARS 78 MONTHS 0 DAYS 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Work
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) Near Queencity Mo 0

FATHER
13. NAME Ira Roberts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 1

MOTHER
15. MAIDEN NAME Julia Starbuck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 0

17. INFORMANT (ADDRESS) E. F. Roberts Queencity Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Myers Cemetery DATE Dec 23 1938
19. FUNERAL DIRECTOR (ADDRESS) Wm N. West Queencity Mo
20. FILED 12/22 1938 J. T. Jones by Ohm B. Jones Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-21 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1938, to Dec 21, 1938
I last saw her alive on Dec 12, 1938 Death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

Hardening of arteries — Date of onset

97-

Other contributory causes of importance:

Name of operation — 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?
If so, specify
(Signed) J. O. Coffin, M. D.
(Address) Queen City, 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.

RECEIVED
District Health Officer No. 10
District File Number 10-38-1047
Date Filed JAN 16 1939

STATEMENT BY LICENSED EMBALMER

I, Wm N. West, Licensed Embalmer No. 2882

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

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 wi the above constitutes grounds for revocation of license.)