

REC'D FEB 21 1939

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

1566

Do not use this space.

## 1. PLACE OF DEATH

(a) County Boone Co Registration District No. 72  
(b) Township 1 Primary Registration District No. 4041 Registered No. 35  
(c) City CENTRALIA (d) Street No. \_\_\_\_\_ St.  
(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

(a) Residence, No. 163 ANSLEY CRUSE ROBERTS 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

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWER

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF INA CLAYTON ROBERTS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-26-1859

7. AGE YEARS 79 MONTHS 4 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER  
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) Boone Co Mo (STATE OR COUNTRY)

FATHER 13. NAME Martin Roberts

14. BIRTHPLACE (CITY OR TOWN) Boone Co Mo (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sallie Newbos

16. BIRTHPLACE (CITY OR TOWN) Boone Co Mo (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Tress Roberts  
Woodward Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Church DATE 1-29 1939

19. FUNERAL DIRECTOR (ADDRESS) W. M. McDevine  
Centralia Mo

20. FILED 1/29 1939 W. M. McDevine Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1933, to Jan 28, 1939

I last saw him alive on Jan 28, 1939. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 1938

Other contributory causes of importance: Cerebrovascular Permal Diseases 1933

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical findings 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 \_\_\_\_\_, 1939

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) Frank W. Buel M.D.  
36 (Address) Centralia Mo

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.

STATEMENT BY LICENSED EMBALMER

I, Mr. McDevaid, Licensed Embalmer No. 2589

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Mr. McDevaid  
Licensed Embalmer No. 2589

**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.)**