

DEC'D FEB 24 1939

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

2925

Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 496
 (b) Township _____ Primary Registration District No. 3075 Registered No. 5
 (c) City Bronfield (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 Mary Levisa Roberts

(a) Residence, No. Blandinsville Ill. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oscar Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 0 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) Crowder Co. Kas - 113. NAME Joel C. Bond14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill - 115. MAIDEN NAME Virginia Smithy16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill17. INFORMANT (ADDRESS) Oscar Roberts Blandinsville Ill18. BURIAL, CREMATION, OR REMOVAL PLACE Blandinsville Ill DATE Jan 4 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Vernon E. V. Roberts Blandinsville Ill.20. FILE NO. Feb-1-39 Growthless Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:30 P. m.

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

Cerebral Apoplexy Date of onset Dec 30 1938
(Coroner view)

Other contributory causes of importance: g. f. h. l.

Name of operation _____ 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) John Legay _____, M. D.(Address) Bronfield Mo

RECEIVED

District Health Officer No. 10

District File Number 10-39-101

Date Filed FEB 8 1909

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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed Wernett V. Roberts

Licensed Embalmer No. Ill 5898

P. O. Address Blandinsville Ill

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.)

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