

REC'D FEB 11 1939

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

3281

Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 609
(b) Township Neosho Primary Registration District No. 4343
(c) City Neosho (d) Street No. 3648 Dubler 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. da.

Registered No. 12

2. PRINT FULL NAME

(a) Residence, No. 3648 Neosho 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Queen Elizabeth Roark
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 11, 1857
7. AGE YEARS 81 MONTHS 3 DAYS 7 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) Bole County
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Joseph Roark

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Laura Proctor

16. BIRTHPLACE (CITY OR TOWN) Bole County
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. R. A. Hutson
(ADDRESS) Neosho Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Neosho So. Cem. DATE 1-20 1939

19. FUNERAL DIRECTOR (NAME) Calley Thompson
(ADDRESS) Neosho Mo.

20. FILED 1-21 1939 Una A. Sale Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28 1938 to Jan. 18 1939

I last saw him alive on Jan. 18 1939 Death is said to have occurred on the date stated above, at 2:15 P m.

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

Angina PectorisDate of onset About
1 day

Other contributory causes of importance:

Chronic endocarditis and
chronic parenchymatous nephritisName of operation None Date ofWhat test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1939

Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Donald R. Sale M. D.
(Signed) Donald R. Sale

(Address) Neosho, Mo.

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

Gail R. Gay

Registered Apprentice No. *189*, working under my personal supervision.

Signed

Barley Thompson

Licensed Embalmer No. *3259*

P. O. Address

Neosho Mo.

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.