

APR 21 1939

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

11185  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
 (b) Township Galena Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 (c) City Joplin (d) Street No. 2026 W. 4th 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

PATTY JEAN ROBERTS  
 (a) Residence, No. 2026 West 4th 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 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) March 22, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.   
 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) Joplin Missouri

FATHER 13. NAME Chester Roberts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo

MOTHER 15. MAIDEN NAME Marthy M. Corbus

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Missouri

17. INFORMANT (ADDRESS) Mrs. C. Roberts 2026 W 4th - Joplin

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem DATE 3-25-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lauffer Mortuary Joplin Mo

20. FILED 3-25-39 Ed Stone Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1939

22. I HEREBY CERTIFY that I attended deceased from March 22, 1939 to March 23, 1939  
 I last saw him alive on March 22, 1939 Death is said to have occurred on the date stated above, at 5:30 A.M.  
 The principal cause of death and related causes of importance were as follows:

Patent foramen Ovale  
Premature Smog gestation  
 Other contributory causes of importance: 1510

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chinest 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) W. M. ... D. O.

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.

*W. Marbrough*

RECEIVED

District Health Officer No. 6,

District File Number 6-39-860

Date Filed APR 12 1939

---

---

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.....

*F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address Joplin 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.**