

REC'D SEP 19 1939

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

28444
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
(b) Township _____ Primary Registration District No. 3001 Registered No. 191
(c) City Kirksville (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 John Henry Roberts

(a) Residence, No. Kirksville, Mo. 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 Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Roberts		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7, 1864		
7. AGE YEARS 75	MONTHS 0	DAYS 11
If LESS than 1 day,hrs. ormin.		
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. Agriculture	
	10. Date deceased last worked at this occupation (month and year) July 15, 1939	
11. Total time (years) spent in this occupation		
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Illinois	
	13. NAME Samuel Roberts	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liverpool England	
	15. MAIDEN NAME Mary Campbell	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Illinois	
17. INFORMANT (ADDRESS) Arthur Roberts 3507 Oakwood, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE New Harmony Green-top, Mo. DATE Aug. 14, 1939		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Davis Funeral Home Kirksville, Mo.		
20. FILED Aug 19 1939 Spencer L. Freeman Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1939, to Aug 11, 1939
I last saw him alive on Aug 11, 1939. Death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:
Myocardial infarction
Embolism of right leg
acute cholecystitis
Date of onset 9/11

Other contributory causes of importance:
acute cholecystitis

Name of operation None Date of _____
What test confirmed diagnosis? None 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) Wm C. Kelley M. D. 3
(Address) Langdon Hospital

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 9-39-1654

Date Filed SEP 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.....

Licensed Embalmer No. 4076

P. O. Address: Kirksville

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.