

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Registration District No. **684 Pike**

Primary Registration District No. **4408**

Registrar's No. **35**

**1. PLACE OF DEATH:** Bowling Green Mo.  
 (a) County \_\_\_\_\_  
 (b) City or town Pike  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days

**3. (a) PRINT FULL NAME:** Eugene J. Roberts 163  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex:** Male **5. Color or race:** Colored **6. (a) Single, widowed, married, divorced:** Married  
**6. (b) Name of husband or wife:** Willamay Roberts **6. (c) Age of husband or wife if alive:** 36 years  
**7. Birth date of deceased:** March 4 - 1873  
 (Month) (Day) (Year)

**8. AGE:** Years 66 Months 8 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace:** Columbia Mo.  
 (City, town, or county) (State or foreign country)

**10. Usual occupation:** Laborer Retired

**11. Industry or business:** \_\_\_\_\_

**MOTHER FATHER**  
**12. Name:** Don't know  
**13. Birthplace:** \_\_\_\_\_  
 (City, town, or county) (State or foreign country)  
**14. Maiden name:** Fannie Sarah Brooks  
**15. Birthplace:** Fayette Mo.  
 (City, town, or county) (State or foreign country)

**16. (a) Informant's own signature:** Willamay Roberts  
**(b) Address:** Bowling Green Mo.

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof:** \_\_\_\_\_ (Month) (Day) (Year)  
**(c) Place: burial or cremation:** Bowling Green

**18. (a) Signature of funeral director:** H. P. E. Moore  
**(b) Address:** \_\_\_\_\_

**19. (a) 11. 25 1935** (Date received local registrar) **(b) H. P. E. Moore** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Pike  
 (c) City or town Bowling Green  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month 11 day 25  
 year 1909 hour 3 minute 9 M.  
**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

**23. Signature:** Porter Turpin (M.D. or other) \_\_\_\_\_  
 Address Bowling Green Mo. Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 10

District File Number 12-39-2059

Date Filed DEC 5 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.....

*H. B. Emore*

Licensed Embalmer No.....

3466

P. O. Address.....

*Bowling Green*

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.