

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

Do not use this space.

~~20492~~  
**20393**  
 Registered No. **98**

File No. \_\_\_\_\_  
 Registered No. **98** St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

County St. Charles Registration District No. 757  
 Township St. Charles Primary Registration District No. 3036  
 City St. Charles (No. St. Joseph's Hospital) St. \_\_\_\_\_ Ward)

**2. FULL NAME** Roberta Hewlett Dysart

(a) Residence. No. Arrow Rock, Mo. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widowed  
(write the word)

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** A. J. Dysart

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Aug. 15, 1869

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. |
|--------|-------|--------|------|--|
|        | 60    | 9      | 21   |  |

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)** Boda, Ohio County,  
 (STATE OR COUNTRY) Kentucky

|                |   |
|----------------|---|
| <b>PARENTS</b> | <b>10. NAME OF FATHER</b> <u>Samuel M. Guest</u>  |
|                | <b>11. BIRTHPLACE OF FATHER (CITY OR TOWN)</b> <u>Mercer Co.,</u><br>(STATE OR COUNTRY) <u>Kentucky</u> |
|                | <b>12. MAIDEN NAME OF MOTHER</b> <u>--- Baird.</u>  |
|                | <b>13. BIRTHPLACE OF MOTHER (CITY OR TOWN)</b> <u>Kentucky.</u><br>(STATE OR COUNTRY)                   |

**14. INFORMANT** Wm. Dysart  
 (Address) 122 N. 2nd St.,

**15. FILED** 6/17 19-30 St. Charles, Mo.

W. B. Blackham  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** June 6, 1930

**17. I HEREBY CERTIFY**, That I attended deceased from June 1, 1930 to June 6, 1930 that I last saw her alive on June 6, 1930 and that death occurred, on the date stated above, at 3 P. M. m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Carcinoma of Stomach  
46B  
23B

(duration) 2 yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)** Tuberculosis

(duration) \_\_\_\_\_ yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

**DID AN OPERATION PRECEDE DEATH?** yes DATE OF June 6-30

**WAS THERE AN AUTOPSY?** no

**WHAT TEST CONFIRMED DIAGNOSIS?** Operation  
 (Signed) [Signature] M. D.

. 19 (Address) [Signature]

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** (Burial at Arrow Point, MO  
Shipped to Booneville. DATE OF BURIAL June 8, 1930

**20. UNDERTAKER** Steenbrinker Furn. Co ADDRESS St. Charles

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.

**JUN 27 1930**

