

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

Do not use this space.

20492
20393
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)

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 (write the word) Widowed

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

PARENTS
10. NAME OF FATHER Samuel M. Guest
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mercer Co.,
(State or Country) Kentucky
12. MAIDEN NAME OF MOTHER --- Baird.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky.
(State or Country)

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

15. FILED 6/7 1930 St. Charles, Mo.
Hy & 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 him alive on June 6, 1930 and that death occurred, on the date stated above, at 3 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Carcinoma of Stomach
46B
23B

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pulmonary Tuberculosis

(duration) 10 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) J. H. Rhodes, Jr. M. D.

, 19 (Address) St. Charles, Mo.

*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 DATE OF BURIAL
(Burial at Arrow Point, MO) June 8, 1930
Shipped to Booneville.

20. UNDERTAKER Steenbrinker Furn. Co. ADDRESS St. Charles, Mo.

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.

