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.

APR 3 1935

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

Do not use this space.

9986

1. PLACE OF DEATH

County Newton — Registration District No. 609 — File No. 161

Township — Primary Registration District No. 4363 — Registered No.

City Neosho (No. Sale Hospital St. Ward)

2. FULL NAME Earnest Mozart Roseberry

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Fannie Roseberry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9 1866

7. AGE: YEARS 68 — MONTHS 3 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor of Medicine

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Physician

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) Newton County Missouri

FATHER

13. NAME James Roseberry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Charlotte Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Fannie Roseberry Neosho Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE 8007 Cem DATE 3/24 1935

19. UNDERTAKER (ADDRESS) Bigham's Neosho Mo

20. FILED 3-22 1935 Ethel Ford Registrar
Clerk for Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mch 21, 1935, to Mch 21, 1935

I last saw him alive on Mch 21, 1935. Death is said to have occurred on the date stated above, at 10 30 p.m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset 3/21/35

Other contributory causes of importance: 8:00 p.m.

Name of operation — Date of

What test confirmed diagnosis? — 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?

If so, specify

(Signed) [signature], M. D.

(Address) Neosho Mo