CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

DEC 14 1937

40541
Do not use this space.

1. PLACE OF DEATH
(a) County Andrew — Registration District No. 13
(b) Township JEFFERSON — Primary Registration District No. 5017 — Registered No.
(c) City R.R. #2 St. Joseph — (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 DONNA MARIE ROBERTS
(a) Residence, No. Sullivan County 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: FEMALE
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): 2
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 23, 1937
7. AGE: YEARS | MONTHS | DAYS: 12 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
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): R.R. #2 St. Joseph Mo — Andrew Co Mo

FATHER
13. NAME: J. D. ROBERTS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): CLAY CO. MO

MOTHER
15. MAIDEN NAME: DOROTHY REEDER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): SPRINGFIELD MO

17. INFORMANT (ADDRESS): F. M. Roberts #2 St Joseph Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: GREEN CEM. DATE: Nov-6 — 1937
19. FUNERAL DIRECTOR (ADDRESS): FRED TERHUNE SAVANNAH MO
20. FILED: Nov 5 1937 Mrs A R King Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 5, 1937
22. I HEREBY CERTIFY, That I attended deceased from birth Oct. 25 1937, to Nov 5, 1937
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Patent foramen ovale	
2 month premature	

Other contributory causes of importance:

157C

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Dr. H. L. Kelley, ~~M.~~ D.O.
(Address) .....

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)