JAN 24 1938

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

46801
Do not use this space.

1. PLACE OF DEATH
(a) County ST. LOUIS — Registration District No. 1160
(b) Township — Primary Registration District No. 4470 — Registered No. 129
(c) City UNIVERSITY — (d) Street No. 7040 TULANE AV. 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 BETTY FRANKLIN ROBERTS
(a) Residence, No. 7040 TULANE AV. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
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 JOHN H. ROBERTS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 16-1859
7. AGE: YEARS 78 — MONTHS 2 — DAYS 3 — 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. AT HOME
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) STURGEON MISSOURI

FATHER
13. NAME JAMES W. NOEL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE COUNTY MISSOURI

MOTHER
15. MAIDEN NAME SALLIE QUESENBERRY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

17. INFORMANT (ADDRESS) JOHN H. ROBERTS MOBERLY MISSOURI
18. BURIAL, CREMATION, OR REMOVAL PLACE MOBERLY MISSOURI DATE DEC 21 1937
19. FUNERAL DIRECTOR (ADDRESS) C. R. LUPTON AND SONS 4449 OLIVE ST.
20. FILED Dec. 23, 1937 Virginia Hirschi (D) Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19, 1937
22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1937, to Dec 19, 1937
I last saw her alive on Dec 19, 1937. 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
Mitral Stenosis	
Hypertension	
92	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical 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? No
If so, specify .....
(Signed) H. B. DeRey, M. D.
(Address) 1446 S. Grand

(Licensed Embalmer's Statement on Reverse Side)

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.

Er 7362
#26 Broadway Dr
Pa. 0795
4-8

STATEMENT BY LICENSED EMBALMER

I, J. T. Lupton, Licensed Embalmer No. # 2122

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

L. E.

No. # 2901 or by , Registered Apprentice No.

working under my personal supervision.

Signed J. T. Lupton.

Licensed Embalmer No. # 2122

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