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

3564
Do not use this space.

1. PLACE OF DEATH
(a) County Newton — Registration District No. 609
(b) Township Neosho — Primary Registration District No. 5808 — Registered No. 2
(c) City ..... (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 SOPHIA J ROBERTS 163
(a) Residence, No. ..... 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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF R.O.Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby 28.1873

7. AGE: 64 YEARS — MONTHS: 11 — 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. Housewife
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) Vienna Ohio

FATHER
13. NAME August Mathey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER
15. MAIDEN NAME Eugenia Taiclet
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) R.O. Roberts Neosho, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE I.O.O.F. Cem. DATE 1-13-38, 19

19. FUNERAL DIRECTOR (ADDRESS) The Bigham Mortuary Neosho, Mo.

20. FILED 2-7, 1938 Onalasale
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1938, to Jan 9, 1938
I last saw her alive on Jan 9, 1938. Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Rt. side paralyzed	
Other contributory causes of importance:	
Chronic diabetes Mellitus	

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? No
If so, specify .....
(Signed) R C Lamson, M. D.
(Address) Neosho Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, J. A. Bingham, Licensed Embalmer No. 2689

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

L. E.

No. 3632 or by, Registered Apprentice No.

working under my personal supervision.

Signed J. A. Bingham

Licensed Embalmer No. 2689

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.)