

REC'D APR 9 1938

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

12266

Do not use this space.

1. PLACE OF DEATH

(a) County Shelby Registration District No. 560
(b) Township Jefferson Primary Registration District No. 6094 Registered No. 4
(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

James P. Roebuck 120
(a) Residence, No. Macon county 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Martha Joe Roebuck
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1852
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 0 25
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Gen. Farming
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Randolph county
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Henry Roebuck,
14. BIRTHPLACE (CITY OR TOWN) (Unknown)
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Rhoda Jenkins,
16. BIRTHPLACE (CITY OR TOWN) (Unknown)
(STATE OR COUNTRY)

17. INFORMANT Harry Roebuck,
(ADDRESS) Excello, Mo RFD

18. BURIAL PLACE Salem - Near Jacksonville 3/8 38

19. FUNERAL DIRECTOR Albert Skinner,
(ADDRESS) Macon, Mo.

20. FILED Mar 15 1938 Roy Hamilton
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 29 1938, to Mar 6 1938
I last saw him alive on Mar 4 1936 Death is said to have occurred on the date stated above, at 6:15 P
The principal cause of death and related causes of importance were as follows:

Acute bronchitis

Date of onset
Feb 20
1938

Other contributory causes of importance:

Chronic myocarditis 1935

Name of operation none Date of.....
What test confirmed diagnosis? none Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury....., 19.....
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) D. L. Harlan, M. D.
Clarence Mo. (Address) 751

STATEMENT BY LICENSED EMBALMER

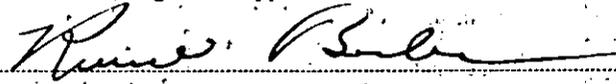
I, Russell Barber, Licensed Embalmer No. 3848

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed



Licensed Embalmer No. 3848

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