

REC'D AUG 10 1938

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

24687  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Boone Registration District No. 73  
 (b) Township Columbia Primary Registration District No. 3006  
 (c) City Columbia Mo (d) Street No. 1417 Walnut 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**

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
Roberts, Sally 163

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS (OR) WIFE OF J. C. Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25, 1970

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
68 2 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homekeeper  
 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) Hallsville Mo.  
 (STATE OR COUNTRY) Boone Co.

FATHER 13. NAME Sam Berry  
 14. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Hulen  
 16. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

17. INFORMANT Floyd Roberts  
 (ADDRESS) Columbia Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Red Top Church DATE July 14, 1938

19. FUNERAL DIRECTOR (NAME) Chandler McDonald  
 (ADDRESS) Hallsville Mo

20. FILED 7/13/38 1938 Allie Salby  
 (Address) Columbia Mo

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw her alive on June 1, 1938. Death is said to have occurred on the date stated above, at 2 P. m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset May '37

Other contributory causes of importance:

Name of operation no Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? no  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Chandler McDonald, M. D.

74. (Address) Columbia Mo

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.

STATEMENT BY LICENSED EMBALMER  
STATE OF MISSISSIPPI  
BUREAU OF HEALTH

JAN 15 1958

*M. C. Allen*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

\_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.)**

**If this body is not embalmed, above space should be left blank.**