

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

32046  
Do not use this space.

REC'D OCT 19 1938

1. PLACE OF DEATH  
 (a) County Cooper Registration District No. 222  
 (b) Township Pilot Grove Primary Registration District No. 4135  
 (c) City..... (d) Street No. 5303 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 Mrs Martha Ann Roberts  
 (a) Residence, No. Boonville mo. R.F.D. 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 Ira Roberts  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7-1876  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
62 5 17  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Dec-1937 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Missouri  
 FATHER 13. NAME James M Haley  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 MOTHER 15. MAIDEN NAME Mollie Bator  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 17. INFORMANT (ADDRESS) Mr Ira Roberts R. 38 Boonville, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Wesley Chapel DATE Sept 25 1938  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Goodman Thallert Boonville, Mo.  
 20. FILED Sept 25, 1938 Mrs. E. B. McCatcher Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24- 1938  
 22. I HEREBY CERTIFY, That I attended deceased from October 29, 1930 to Sept 24, 1938  
 I last saw him alive on Sept 18, 1938. Death is said to have occurred on the date stated above, at 11 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic - Endo Myocarditis. Date of onset  
 Other contributory causes of importance:  
Arteriosclerosis nephritis  
 Name of operation..... Date of.....  
 What test confirmed diagnosis? Alie 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) W. H. Ziegler, M. D.  
 (Address) Boonville, Mo.

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.

92a

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 10/15/38

**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, .....

*JH Goodman*

or by .....

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

Signed.....

*JH Goodman*

Licensed Embalmer No. *1178*

P. O. Address *Beaverville, Ill*

**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.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

32046

Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 222  
(b) Township Pilot Grove Primary Registration District No. 5303  
(c) City..... (d) Street No..... Registered No.....  
(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

Mrs Martha Ann Roberts  
(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
62 5 17

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)

FATHER  
13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED \_\_\_\_\_ 19\_\_\_\_

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24 1938

22. I HEREBY CERTIFY, That I attended deceased from 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

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:

Chronic Endocarditis Date of onset

Other contributory causes of importance:

parenchymatous nephritis  
Chronic

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) W. H. Ziegler, M. D.

(Address) Brownville, Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-32046