

DEC 12 1938

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

38667
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan
(b) Township
(c) City St. Joseph
(e) Length of residence in city or town where death occurred

3
1
85
1001
CANCER HOSPITAL #2
St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 1177

2. PRINT FULL NAME

163 JOHN W. ROBERTS
(a) Residence, No. Braymer, Mo. St. Braymer, Mo.
(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 Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Est. 70
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.
10. Date deceased last worked at this occupation (month and year) August-1938
11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin 1

FATHER
13. NAME John O. Roberts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales 4

MOTHER
15. MAIDEN NAME Ellen Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales 4

17. INFORMANT Mrs. May Roberts (ADDRESS) Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Braymer, Mo. DATE Nov. 26, 1938

19. FUNERAL DIRECTOR (ADDRESS) *Barnes & Willie Saint Joseph, Mo. 1865 10th*

20. FILED Nov. 25, 1938 *W. G. Nettlebush* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24, 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1938, to Nov 24, 1938
I last saw him alive on Nov 24, 1938. Death is said to have occurred on the date stated above, at 10:45 P.M.
The principal cause of death and related causes of importance were as follows:

Septecim 53
Carcinoma of left forearm
Arteriosclerosis
Date of onset Nov 21
10-23

Other contributory causes of importance: Carcinoma of left hand, Arteriosclerosis

Name of operation Amputation left hand Date of 10-15-38
What test confirmed diagnosis? Biopsy Was there an autopsy? No.

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? (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 *Do not permit* M. D.
(Signed) *Do not permit*
(Address) *State Hosp #2*

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.

STATEMENT BY LICENSED EMBALMER

I, D. E. Ryan, Licensed Embalmer No. 3613

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed D. E. Ryan

Licensed Embalmer No. 3613

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.)