

REC'D APR 11 1939

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

11458  
Do not use this space.

1. PLACE OF DEATH

(a) County Livington? Registration District No. 508  
(b) Township Chillicothe Primary Registration District No. 3026 Registered No. 36  
(c) City Chillicothe (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if a foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

George Washington Roberts  
(a) Residence, No. 118 Webster St.  (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  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa (Rouven) Robert  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17 1853  
7. AGE YEARS 86 MONTHS \_\_\_\_\_ DAYS 1 If LESS than 1 day, 12 hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. retired  
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) Litchfield Kentucky

FATHER 13. NAME Joseph Roberts

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

MOTHER 15. MAIDEN NAME Ann Brown

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

17. INFORMANT (ADDRESS) Earl Roberts 3735 Hardover Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Spickard Mo DATE May 31 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas E Schooner Spickard Mo 456

20. FILED 3-20- 1939 Donald M. Dowell, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19 1939  
22. I HEREBY CERTIFY, That I attended deceased from 3/19, 1939, to 3/19, 1939  
I last saw him alive on 3/19, 1939. Death is said to have occurred on the date stated above, at 11:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Fatal pneumonia Date of onset 3/19 39  
Other contributory causes of importance: Senility

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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 Y, 19\_\_\_\_  
Where did injury occur? Y (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury Y  
Nature of injury Y

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Spickard M.D.  
(Address) Chillicothe 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.

RECEIVED

District Health Officer No. 11

District File Number 39 221

Date Filed APR 6 1939

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

*Chas P. Schaefer*

Licensed Embalmer No.

3103

P. O. Address

*Michigan Mo*

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.