

APR 24 1939

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

12573
Do not use this space.

1. PLACE OF DEATH
(a) County Sullivan Registration District No. 852
(b) Township Jackson Primary Registration District No. 6124 Registered No. _____
(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 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George McClelland Roberts
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Addie Roberts
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1862
7. AGE YEARS 76 MONTHS 7 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.
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) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co., Missouri
13. NAME John P. S. Roberts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
15. MAIDEN NAME Margaret Ely Roberts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
17. INFORMANT (ADDRESS) Mrs. J. W. Roberts, Sullivan, Mo.
18. BURIAL, CREMATION, OR REMOVAL Cardston Cem. DATE Mar. 14, 1939
19. FUNERAL DIRECTOR (ADDRESS) C. A. Schoen, Milan, Mo.
20. FILED Apr. 10, 1939 Deo Hagan Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1939, to Mar. 12, 1939
I last saw him alive on Mar. 7, 1939. Death is said to have occurred on the date stated above, at 9 p. m.
The principal cause of death and related causes of importance were as follows:
Senile degeneration Mar. 11, 1939 Date of onset 1939
Other contributory causes of importance:
Senile degeneration Feb. 29, 1939
depression of bladder for years
mental or brain lesion 70.
Name of operation none Date of _____
What test confirmed diagnosis? Phys. & Chem. 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) J. C. White, M. D.
(Address) Pollock, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo.

11/2

RECEIVED

District Health Officer No. 11

District File Number 10-39-752

Date Filed APR 13 1939

STATEMENT BY LICENSED EMBALMER

I, Frank N. Schone, Licensed Embalmer No. 2016

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Not Embalmed

L. E.

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

Signed Frank N. Schone

Licensed Embalmer No. 2016

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

12873
Do not use this space.

1. PLACE OF DEATH
(a) County Sullivan Registration District No. 852
(b) Township Jackson Primary Registration District No. 6127 Registered No.
(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 Geo. McClelland 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 M 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. 76 7 22
- 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
- FATHER
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12, 1939
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:
Hepaticoplegia
Cerebral hemorrhage
Date of onset 3/11/39
- Other contributory causes of importance:
Influenza
Gallbladder stones
Date 3/24/39
- 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 J. C. Roberts, M. D.
(Signed) J. C. Roberts
(Address) Palocco mo

Local Registrar.

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

