

REC'D MAY 16 1939

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

14187

Do not use this space.

1. PLACE OF DEATH
(a) County Greene Registration District No. 64
(b) Township Greene Primary Registration District No. 5100
(c) City Greene (d) Street No. V.A.O. Registered No. 3
(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. da.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Lloyd W. Roberts
(a) Residence, No. 163 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19, 1917
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 1 11

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. Housewife
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) Mo. OFATHER 13. NAME Geo A Davis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. OMOTHER 15. MAIDEN NAME Rachel Miller16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa17. INFORMANT (ADDRESS) Lloyd Roberts
Greene Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Greene DATE 3/31 193919. FUNERAL DIRECTOR (ADDRESS) J. H. Linsley
Wheatland Mo20. FILED Apr 6 1939 M. C. Watson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28, 193922. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1939 to Mar 30, 1939I last saw him alive on Mar 27, 1939 Death is saidto have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

Encephalitis

Date of onset

Other contributory causes of importance:

Name of operation X Date of X

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, 1939

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 Encephalitis(Signed) M. L. Linsley, M. D.66 (Address) Wheatland Mo

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RECEIVED

District Health Officer No. 7,
District File Number 7-39-706
Date Filed 5-5-39

STATEMENT BY LICENSED EMBALMER

I, JR Luckey, Licensed Embalmer No. 2982

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 JR Luckey
Licensed Embalmer No. 2982

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.)