

ESB-MAY 12 1939

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

14402
Do not use this space.

1. PLACE OF DEATH

(a) County Baldwell Registration District No. 96
(b) Township Hamilton Primary Registration District No. 0142
(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

363 Margaret Roach Stewart
(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Stewart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 26, 1867</u>		
7. AGE YEARS <u>72</u>	MONTHS	DAYS <u>4</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Indiguapolis, Indiana</u>		
FATHER	13. NAME <u>Marris Roach</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland - 5</u>	
MOTHER	15. MAIDEN NAME <u>Katherine</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland -</u>	
17. INFORMANT (ADDRESS) <u>Ruth Stewart</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland</u> DATE <u>May 1, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>F. P. Neughton Hamilton, Mo.</u>		
20. FILED <u>May 1, 1939</u> <u>M. B. Brown</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1935 to Apr. 29, 1939
I last saw h. or w. alive on April 28, 1939. Death is said to have occurred on the date stated above, at 10:00 A.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Embolism
Arterio-sclerosis
Hypertension
Other contributory causes of importance:
Antonia - Sclerosis
Hypertension
Name of operation _____ Date of _____
What test confirmed diagnosis? None. 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? No
If so, specify _____ (Signed) L. M. Daley, M. D.
160 (Address) Hamilton, Mo!

Date of onset
Apr 25
1930

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.

Dist. No. 11,
District No. 39-482
Date Filed MAY 10 1929

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, _____

J.R. Houghton

or by _____

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

Signed _____

J.R. Houghton

Licensed Embalmer No. 3854

P. O. Address Hamilton 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.