REC'D MAY 22 1939

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

No 5

15600
Do not use this space.

N

1. PLACE OF DEATH
(a) County Morgan | Registration District No. 953
(b) Township Moreau | Primary Registration District No. 5792-6 | 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 ODD Rose Lee Roe
(a) Residence, No. Morgan County St.
(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: Female
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: Frank Roe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 3 - 1878
7. AGE: YEARS 60 | MONTHS 9 | DAYS 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
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): Morgan County, Mo.

FATHER
13. NAME: John H. Silvey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Margaret Sidebottom
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Mr C. A. Silvey Versailles, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Locust Cemetery DATE: April 15 - 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): W. F. Kidwell Versailles, Mo
20. FILED: April 15, 1939 Julius R. Cooper Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 13, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to April 13, 1939
I last saw her alive on April 13, 1939. Death is said to have occurred on the date stated above, at 8:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease resulting from Thyrotoxicosis	Aug 1938
Other contributory causes of importance: Chronic fibroid Pulmonary tuberculosis	1915

Name of operation: — 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? 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. Loren Washburn M. D.
(Address) Versailles, Mo

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(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA[illegible] should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION i[illegible]ry important.

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RECEIVED
District Health Officer No. 7,
District File Number 7-39-698
Date Filed 5-5-39

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, Gene Kartram, or by

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

Signed Gene Kartram

Licensed Embalmer No. 4021

P. O. Address Versailles, Misso

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

If this body is not embalmed, above space should be left blank.