

1939 MAY 18 1939

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

Do not use this space.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS' STATEMENT OF CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

106

1. PLACE OF DEATH

County Jacobs
Township Jacobs
City Rockaway Beach

Registration District No. 1065
Primary Registration District No. 6133

File No. 16334

Registered No. _____
St. _____ Ward _____

2. FULL NAME

Dorothea Coulson Roberts

(a) Residence, No. Rockaway Beach Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Roberts</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar - 6 - 1866</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>0</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Hub</u>
	9. Industry or business in which work was done, as silk mill, 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)
Ohio

MOTHER 13. NAME 15

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
15

15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
Mrs Wm Roberts Rockaway Beach Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE
Memorial Park DATE 2-3-39

19. UNDERTAKER (ADDRESS)
R. R. Helchel 7 Home Branson Mo

20. FILED _____ 19 _____ Registrar. 772

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 - 1938 to Feb 1 - 1939
I last saw him alive on Feb 1 - 1939 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:

Hypostatic Pneumonia Date of onset _____
Effects of Cerebral Hemorrhage
Feb 11, mo - 1930 -

Other contributory causes of importance:
Effects of Cerebral Hemorrhage

Name of operation None 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 no
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) H. H. Howers M.D. M. D.
(Address) Rockaway Beach Mo

RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-1073

Date Filed MAY 12 1939

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

16334
Do not use this space.

1. PLACE OF DEATH
 (a) County Taney Registration District No. 1065-
 (b) Township Jasper Primary Registration District No. 6133 Registered No. _____
 (c) City _____ (d) Street No. _____
 (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 Rosamary Coulson Roberts
 (a) Residence, No. Rockaway Beach (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the words) Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6 1866

7. AGE YEARS 72 MONTHS 9 mo DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

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) Ohio

13. NAME Coulson

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

15. MAIDEN NAME Ada Coulson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Mrs W.C. Roberts
Rockaway Beach

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 2-3-39

19. FUNERAL DIRECTOR (ADDRESS) R.D. Whelchel Funeral Home
Garrison Mo

20. FILED June 14, 1939 Lee Alma Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 to Feb 1, 1939
 I last saw her alive on Dec 1, 1939. 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:

Suppurative Pneumonia Date of onset _____

Other contributory causes of importance:
effects of cerebral hemorrhage
Dec 19 mo ago

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 _____

(Signed) H.P. Knowlton M. D.
 (Address) Rockaway Beach Mo

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

REGISTRATION IS VERY IMPORTANT. Exact statement of OCCUPATION IS VERY IMPORTANT.

IMPLEMENT

NOV 14 1955