

REC'D JUN 21 1939

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

19086  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Linn Registration District No. 486  
(b) Township \_\_\_\_\_ Primary Registration District No. 4293 Registered No. 15  
(c) City Elberny, Mo. (d) Street No. \_\_\_\_\_  
(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

216 Charlottie Roberts Mc Bride  
(a) Residence, No. \_\_\_\_\_ St.  Hallsville Mo  
(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) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Mc Bride  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21 - 1855  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 8 25

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. 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) Missouri

FATHER  
13. NAME David Roberts

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

MOTHER  
15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) L. E. Mc Bride  
Elberny, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pub. Cem. Hallsville Mo.  
Pub. Cem. Hallsville Mo. DATE May 18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clifton Miller  
Elberny Mo.

20. FILED May 18, 1939 Etta Powell  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from May - 9 -, 1939, to May - 14, 1939  
I last saw him alive on May 14, 1939. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Principial Pneumonia Date of onset

Other contributory causes of importance:

rupture of aortic aneurysm  
fracture hip  
no fall in tree

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? chest 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 5-9, 1936

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. E. Mc Bride, M. D.

(Address) Elberny Mo.

STATEMENT BY LICENSED EMBALMER  
REGISTERED APPRENTICE NO. \_\_\_\_\_  
DATE OF EXPIRATION \_\_\_\_\_

**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, May 15-19

....., or by .....

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

Signed

*Clifton Miller*

Licensed Embalmer No. 3364

P. O. Address

*Elaberry, Md*

**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.**