

UN JUN 22 1939

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

19530
Do not use this space.

1. PLACE OF DEATH
 (a) County Goff Registration District No. 703
 (b) Township Johnson Primary Registration District No. 4424 Registered No. _____
 (c) City Summersville (d) Street George Dimmitt Hospital 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 Robert F. Routh
 (a) Residence, No. Warsaw, Mo 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 Male 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 Annys Mayberry Routh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14, 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 8 28

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Diesel Engineer
 9. Industry or business in which work was done, as saw mill, bank, etc. see plant
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kans

FATHER
 13. NAME Robert Routh
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
 15. MAIDEN NAME Dana Mahaley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

17. INFORMANT (ADDRESS) Mr Charles Lee Routh

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Thermon DATE May 14, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Joseph T. Fineston
Humphreysville, Mo.

20. FILED May 26, 1939 Ora M. Rich
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1939, to May 12, 1939
 I last saw him alive on May 12, 1939. Death is said to have occurred on the date stated above, at 11:20 a.m.
 The principal cause of death and related causes of importance were as follows:

Letanus following injury to index finger of left hand 5-8-39

Other contributory causes of importance
Injury to index finger of left hand

Name of operation Def of index finger Reason Amputation Date of 4-28-39
 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? Accident Date of injury 1939
 Where did injury occur? Warsaw, Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
In public place

Manner of injury index finger of left hand
 Nature of injury mashed

24. Was disease or injury in any way related to occupation of deceased? yes
 If so, specify working in tank
 (Signed) A. S. Stephens, M. D.
 (Address) Newellsville Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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RECEIVED

District Health Officer No. 7,

District File Number

7-29-948

Date Filed

6-9-39

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Ralph A. Joseph

..... Licensed Embalmer No.....

3149

P. O. Address

Humansville

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.