

JUL 14 1939

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

21763
Do not use this space.

1. PLACE OF DEATH
 (a) County Lape Girardeau 2 Registration District No. 125
 (b) Township 1 Primary Registration District No. 3009 Registered No. 241
 (c) City Capri (d) Street No. 419 Bellevue St. 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.
 11-3 JAMES BENNET ROBERTS
 2. PRINT FULL NAME
 (a) Residence, No. 419 Bellevue St. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARY JOSEPHINE ROBERTS
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13, 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 10 24
 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. D.O.S.
 10. Date deceased last worked at this occupation (month and year) 4 mo 11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OAK RIDGE, MO.

FATHER 13. NAME THOMAS ROBERTS I

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. CAROLINA

MOTHER 15. MAIDEN NAME MELISSA CRITES

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OAK RIDGE MO.

17. INFORMANT (ADDRESS) EDITH ROBERTS KULLY

18. BURIAL, CREMATION, OR REMOVAL PLACE FAIRMOUNT Cem DATE July 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walthus Wld. Co. Lape Girardeau Mo.

20. FILED 7-7-39 J. M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-7-39
 22. I HEREBY CERTIFY, That I attended deceased from 9-2, 1939, to 7-7-39, 1939.
 I last saw him alive on 7-7-39, 1939. Death is said to have occurred on the date stated above at 7-7-39.
 The principal cause of death and related causes of importance were as follows:

Myocarditis of
117 hr
 Other contributory causes of importance:
Aspirin 5.00
Nasal

Name of operation Nasal Date of 7-7-39
 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) A. Deceuth M. D.
Doyle Girardeau
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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14

1 X1022

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

J. H. Rister

Licensed Embalmer No. *3860*

P. O. Address *Cape Girardeau, 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.