

SEP 6 1939

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

29119
Do not use this space.

1. PLACE OF DEATH

(a) County Gentry Registration District No. 310
 (b) Township Cotton Primary Registration District No. 5429A
 (c) City Darlington (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 Mary Matilda Roberts

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 4, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from 7-28-, 1939, to 8-4-, 1939
 I last saw her alive on 8-4-, 1939. Death is said to have occurred on the date stated above, at 6:55 pm
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 30, 1850
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
88 11 5

Arterial Hypertension
Cerebral Hemorrhage
9 7/8"
 Other contributory causes of importance:
Gall Stone Colic
(continuous 6 days)
 Date of onset: 8-3-39
7-28-39

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) Baden (STATE OR COUNTRY) Germany

FATHER 13. NAME John Jacoby

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

MOTHER 15. MAIDEN NAME Fredonia

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Richard Roberts
Darlington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Long Branch DATE Aug. 6, 1939

19. FUNERAL DIRECTOR (NAME) Brooks Funeral Home (ADDRESS) Albany, Mo.

20. FILED Aug 8, 1939 Matthie David Local Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clin Was there an autopsy? 0

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) Frank H. Rose, M. D.
 (Address) Albany, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully secured. Age should be stated separately. Information should be carefully secured. Every item of information should be carefully secured.

RECEIVED

District Health Office No. 111

District File Number 939-1099

Date Filed AUG 31 1939

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.....

me

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

working under my personal supervision.

Signed

Robert Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.