

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

38864  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Andrew Registration District No. 11  
 (b) Township Jackson Primary Registration District No. 5015 Registered No. 24  
 (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** Patricia Kay Roberts

(a) Residence, No. Jackson Township Andrew co. 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<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br>----- |   |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 6 1938</u>             |   |  |
| 7. AGE YEARS  | MONTHS  | DAYS   |
|   | <u>II</u>   | <u>5</u>   |
| If LESS than 1 day, ..... hrs. or ..... min.                          |   |  |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at Home</u> |  |
|   | 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 .....   |  |
| FATHER  | 12. BIRTHPLACE (CITY OR TOWN) <u>Andrew County</u><br>(STATE OR COUNTRY) <u>Missouri</u>          |  |
|   | 13. NAME <u>Lawrence Roberts</u>  |  |
| MOTHER  | 14. BIRTHPLACE (CITY OR TOWN) <u>Andrew county</u><br>(STATE OR COUNTRY) <u>Missouri</u>          |  |
|   | 15. MAIDEN NAME <u>Opal Van Fossen</u>  |  |
|   | 16. BIRTHPLACE (CITY OR TOWN) <u>Nodaway</u><br>(STATE OR COUNTRY) <u>Missouri</u>                |  |
|   | 17. INFORMANT <u>Mrs. Lawrence Roberts</u><br>(ADDRESS) <u>Fillmore Mo.</u>                       |  |
|   | 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Fillmore</u> DATE <u>Nov 13</u> 19 <u>39</u>        |  |
|   | 19. FUNERAL DIRECTOR <u>E. C. Breit</u><br>(ADDRESS) <u>Savannah Mo.</u>                          |  |
|   | 20. FILED <u>Nov 13</u> 19 <u>39</u> <u>addie O. Bense by 11</u><br><u>Flannic</u> Registrar.     |  |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November II 1939

22. I HEREBY CERTIFY That I attended deceased from December 6, 1938, to November 11, 1939  
 I last saw her alive on November 11, 1939. Death is said to have occurred on the date stated above, at 4:15 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia  
Cardiac Insufficiency

Other contributory causes of importance:  
Cardiac Insufficiency

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... 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 ..... 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 None  
 (Signed) New M. Steedly, D.O. M. D.  
 (Address) Savannah, Missouri

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.

1239-1689  
Date Filed DEC 11 1939

STATEMENT BY LICENSED EMBALMER

I, E. C. Breit, Licensed Embalmer No. 2650

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

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.)