No. 2
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
NOV 20 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35914

Registration District No. 604 Primary Registration District No. 5802 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Sikeston—no Route 3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: New Madrid
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 day 3
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Tenn (b) County Dyer
(c) City or town Dyersburg Tenn
(If outside city or town limits write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Alva Roby
3. (b) If veteran, name war Worlds War
3. (c) Social Security No. 410-14-5553
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lizzie Roby
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Oct (Month) 22 (Day) 1886 (Year)

8. AGE: Years	Months	Days	If less than one day
54		24	hr. min.

9. Birthplace Center Point (City, town, or county) Tenn. (State or foreign country) 0
10. Usual occupation Day work on farm 9
11. Industry or business + Cotton Gen 2
FATHER
12. Name A. J. Roby
13. Birthplace Unk. (City, town, or county) Unk. (State or foreign country)
MOTHER
14. Maiden name Unk
15. Birthplace Unk. (City, town, or county) Unk. (State or foreign country)
16. (a) Informant Lizzie Roby
(b) Address 38 Dyersburg Tenn.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18 (Month) 1940 (Day) (Year)
(c) Place: burial or cremation Fairview Tenn.
18. (a) Signature of funeral director F. A. Richards Jr
(b) Address New Madrid Mo 5 33
19. (a) 11-18/40 (Date received local registrar) (b) Wm O'Bannon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16
year 1940 hour ~~1~~ minute 60 M.
21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death No medical attention - from record Cardiac Failure (acute)	
Due to	
Due to 1900	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	PHYSICIAN
Of autopsy	Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 5
23. Signature F. A. Richards Jr Corner (M. D. or other)
Address New Madrid Date signed Nov 16-40

(Licensed Embalmer's Statement on Reverse Side)

AUG 27 1947

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

Signed Leo Hedgpeth

Licensed Embalmer No. 3803

P. O. Address New Madrid Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.