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

Do not use this space.

11601

1382

1. PLACE OF DEATH

County Jackson — Registration District No. — File No.

Township Kaw — Primary Registration District No. — Registered No.

City K.C. Mo. (No. St Lukes Hospt St. Ward)

2. FULL NAME Jonathan Edward Roberts

(a) Residence. No. St Lukes Hospital St. Ward. Platt City Mo

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lulu Agnes

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 4 1867

7. AGE: Years 59 — Months 7 — Days 28 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boldo Mo.

PARENTS

10. NAME OF FATHER: Jonathan Roberts

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois

12. MAIDEN NAME OF MOTHER: Katherine Garette

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Penn.

14. INFORMANT: Mr. L. F. Rollins

(Address) Platte City Mo.

15. FILED 4/2, 1927 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4/2/1927

17. I HEREBY CERTIFY, That I attended deceased from 2/23/27, 1927, to 4/2/27, 19__ that I last saw him alive on 4/2/27, 1927, and that death occurred, on the date stated above, at 2 320 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Peritonitis following pylorectomy

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Carcinoma of pylorus

(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3/29/27

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Yes autopsy

(Signed) William W Buckingham

4/2, 1927 (Address) St Lukes Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Platte City Mo.

DATE OF BURIAL: 4/4 1927

20. UNDERTAKER: D. W. Newcomb Jons

ADDRESS: K.C. Mo

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.

PERMANENT RECORD