

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

Do not use this space.

18664

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.

JUNE 27 1927

THIS IS AN IMPROVED RECORD

**1. PLACE OF DEATH**  
 County Jefferson Registration District No. 421  
 Township Jessie Mo Primary Registration District No. 4249  
 City Jessie Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward) \_\_\_\_\_

**2. FULL NAME** Carl Roberts  
 (a) Residence No. Jessie Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male **4. COLOR OR RACE** Colored **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single  
(write the word)

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) — 1894

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
33

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Porter  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE** (CITY OR TOWN) Osceola Ark  
 (STATE OR COUNTRY)

**10. NAME OF FATHER** Roberts

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) Osceola Ark  
 (STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER** Marie Coplain

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) Ark  
 (STATE OR COUNTRY)

**14. INFORMANT** David Hinton  
 (Address) Jessie Mo

**15. FILED** 6/7 1927 J. E. Rutledge REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) June 7 1927

**17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, 19\_\_\_\_.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Gunshot Wound  
Justifiable Homicide

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Osceola Ark **DATE OF BURIAL** June 8 1927

**20. UNDERTAKER** Wheeler + Vinyard **ADDRESS** Jessie Mo

**CONTRIBUTORY (SECONDARY)** 1917 (duration) yrs. mos. da.

**DID AN OPERATION PRECEDE DEATH?** No **DATE OF** \_\_\_\_\_

**WAS THERE AN AUTOPSY?** Procurer Request

**WHAT TEST CONFIRMED DIAGNOSIS?** \_\_\_\_\_

(Signed) M. D. Dillard M. D. 6/7, 1927 (Address) Jessie Mo

\*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.

