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

Do not use this space.

18834

1. PLACE OF DEATH
County Livingston — Registration District No. 512
Township Moorisville — Primary Registration District No. 5679
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 8

2. FULL NAME Harvey C Roberts
(a) Residence. No. ..... 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-17-1906

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
20	5	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 11B 133C
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Moorisville
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER S.P. Roberts
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Livingston Mo
12. MAIDEN NAME OF MOTHER Alice Walker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Clay Co. Mo

14. INFORMANT S.P. Roberts
(Address) Moorisville Mo

15. FILED June 24 1927 Anna L. Carpenter REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1927

17. I HEREBY CERTIFY, That I attended deceased from May 17th 1927 to June 7 1927 that I last saw him alive on June 11 1927 and that death occurred, on the date stated above, at 8 35 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza followed by complications

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Congestion Kidney

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Do not Know
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) Wm M. Keene M.D
June 12 1927 (Address) Moorisville 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Gaunt Cem.
DATE OF BURIAL: 6-14 1927

20. UNDERTAKER: F.B. Norman Chillicothe Mo
ADDRESS

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.