

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

Do not use this space.

20691

1. PLACE OF DEATH

County Buchanan
 Township.....
 City St. Joseph.

Registration District No. 85
 Primary Registration District No. 1001
 (No. Missouri Methodist Hospital.)

File No.....
 Registered No. 709
 St. _____ Ward)

2. FULL NAME Con Roberts.

(a) Residence. No. _____ St. _____ Ward. Bedford Iowa.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. 1 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertie Roberts.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 23, 1874.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>53</u>	<u>5</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Watchmaker.
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer Himself.

9. BIRTHPLACE (CITY OR TOWN) Taylor County
 (STATE OR COUNTRY) Iowa.

10. NAME OF FATHER Richard Roberts.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
 (STATE OR COUNTRY) Iowa.

12. MAIDEN NAME OF MOTHER Louisa Grant.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
 (STATE OR COUNTRY) Iowa.

14. INFORMANT Mrs Gertie Roberts.
 Address Bedford Iowa.

15. FILED 13 1927
John G. [Signature]
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1927, to July 12, 1927, that I last saw him alive on July 12, 1927, and that death occurred, on the date stated above, at 9:00p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis General

440 (duration) yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) Carcinoma of Stomach
 (duration) yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 18/27 June 30/27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Chas. Greenberg, M. D.
7/13/27, 1927 (Address) Bedford Iowa

*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 Bedford Iowa. DATE OF BURIAL July 13, 1927

20. UNDERTAKER H. O. Dideufaden. ADDRESS 1802 Union St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state

AUG 16 1927

