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.

X

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

SEP 29 1927

Do not use this space.

24887

File No. .....

Registered No. 222

1. PLACE OF DEATH

County: Marion

Township: [illegible]

City: Hannibal (No. 1400 Manning St. V Ward)

Registration District No. 547

Primary Registration District No. 3029

2. FULL NAME: Felix Roberts

(a) Residence. No. 1400 Manning St., V Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 13 - 1861

7. AGE: Years 65 Months 7 Days 21 If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work: Farming
(b) General nature of industry, business, or establishment in which employed (or employer): "
(c) Name of employer: L. B. Parrish

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson Co. Ohio

PARENTS

10. NAME OF FATHER: Henry Roberts

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

12. MAIDEN NAME OF MOTHER: Isabelle Smitty

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

14. INFORMANT: Alice Roberts
(Address): Hannibal Mo.

15. FILED: 8/6 27 C. E. Shode
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from July 28, 1927, to Aug 4, 1927, that I last saw h. alive on Aug 2, 1927, and that death occurred, on the date stated above, at 7 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
94 A

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (SECONDARY) 89

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) [illegible], M. D.

Aug 5, 1927 (Address) Hannibal 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: Mt. Olivet Cemetery

DATE OF BURIAL: Aug. 7 - 1927

20. UNDERTAKER: Schwartz Funeral Home

ADDRESS: Hannibal