FEB 21 1928

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

Do not use this space.

771

1. PLACE OF DEATH
County Greene
Township
City Springfield
Registration District No. 318
Primary Registration District No. 2001
(No. Springfield Baptist Hospital St. 39 Ward)
File No.
Registered No.

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

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.

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 Lou Roberts

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1883

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
45	Unknown		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 121A
(b) General nature of industry, business, or establishment in which employed (or employer) 129
(c) Name of employer 107A

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

PARENTS
10. NAME OF FATHER Ira H. Roberts
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Elizabeth Jenkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

14. INFORMANT I. M. Roberts
(Address) Hilda Mo.

15. FILED 1/17 1928 O. C. Horst MD
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-17 1928

17. I HEREBY CERTIFY, That I attended deceased from Jany 12, 1928, to Jany 16, 1928, that I last saw him alive on Jany 14, 1928, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia (Septic)
Broncho
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Gen'l Peritonitis
Chron Gang. appendix
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Hilda Mo
DID AN OPERATION PRECEDE DEATH? yes DATE OF Jany 13
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Wilbur Smith, M. D
, 19 (Address) Springfield, 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 Taney Co. Mo.
DATE OF BURIAL Jan 18 1928

20. UNDERTAKER Robt Thornhill, Branson, Mo.
ADDRESS