

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

Do not use this space.

16154

1. PLACE OF DEATH

County Buchanan
Township.....
City St. Joseph, (No. 1801 Pacific Street)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 543
St. Ward)

2. FULL NAME John William Roberts

(a) Residence. No. 1801 Pacific Street St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 11 mos. 21 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) Widower

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

Elizabeth Roberts

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9, 1859.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 11 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Wm. Coyle
(Address) 1801 Pacific Street

15. **MAY 2** FILED 2 1928
John L. G. S. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from Dec 10, 1927 to April 30, 1928 that I last saw h. 100 alive on April 30, 1928, and that death occurred, on the date stated above, at 5.3 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal Hepatitis (Chol)
1290 750
Alcoholism Chol
CONTRIBUTORY (SECONDARY) (duration) 10 yrs. mos. ds.

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

9 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Dr. J. W. ... M. D.

May 1, 1928 (Address) St. Joseph, 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 Mount Olivet cemetery DATE OF BURIAL May 3, 1928.

20. UNDERTAKER H. O. Sidenfaden ADDRESS 1802 Union Str

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.

