SEP 24 1928

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.

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

Do not use this space.

26567

1. PLACE OF DEATH

County Buchanan. Registration District No. 86 File No. 26567

Township Wayne Primary Registration District No. 5128 Registered No. 5

City (No. 2 Miles West of Halls Station St. Ward)

2. FULL NAME George Edward Roberts.

(a) Residence. No. Mud Lake, 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 25, 1915

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	13	2	1	

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

9. BIRTHPLACE (CITY OR TOWN) Buchanan Co.
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Henry Roberts

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Leavenworth Co.
(STATE OR COUNTRY) Kansas.

12. MAIDEN NAME OF MOTHER Etta Moorelock

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

14. INFORMANT Henry Roberts.
(Address) Mud Lake, Mo.

15. FILED Aug 27 1928 J. J. Bunshack REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 26 1928

17. I HEREBY CERTIFY, That I attended deceased from viewed remains August 26, 1928, to , 19 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at 3:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
accidental Drowning
Boat in which he was riding capsizes in Missouri river
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(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?
WHAT TEST CONFIRMED DIAGNOSIS? View & History

(Signed) J. W. Mays Coroner, M. D.
Aug. 26, 1928 (Address) Kirkpatrick Bldg. (By Hand)

*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	DATE OF BURIAL
Curlin Cemetary	Aug. 28 1928
20. UNDERTAKER	ADDRESS
H. O. Sidenfaden	1802 Union.

H. O. Sidenfaden