

JAN 25 1929

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

Do not use this space.

41764

1. PLACE OF DEATH

County Monroe
Township Madison
City Madison

Registration District No. 579
Primary Registration District No. 5776

File No.
Registered No.
St. Ward)

2. FULL NAME

James Henry Roberson
(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/4 1928

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

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 9 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11/11/847
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 | 1 | 9

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Asthma

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

CONTRIBUTORY (SECONDARY) 90 B (duration) yrs. mos. da.

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

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

10. NAME OF FATHER John Roberson

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

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

19. WAS THERE AN AUTOPSY.....

12. MAIDEN NAME OF MOTHER Margaret Jenkins

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) M. E. Johnson, M. D.

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

, 19 (Address) Madison 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.

14. INFORMANT E. H. Roberson (Address) Madison Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sunset Hill Cemetery DATE OF BURIAL 12/6 1928

15. FILED 175-28 Fred L. Thonickan REGISTRAR

20. UNDERTAKER Fred L. Thonickan ADDRESS Madison Mo

GROUP OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY.

