

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

Do not use this space.

1209

1. PLACE OF DEATH

County Stoddard
Township Washington
City (No.) St. Ward)

Registration District No. 329
Primary Registration District No. 3458

File No.
Registered No. 25
St. Ward)

2. FULL NAME

Burl Lee Roberts

(a) Residence. No. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 19 - 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 | 11 | 15 | 2 | 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Washington Sup
(STATE OR COUNTRY) Stoddard Co Mo

10. NAME OF FATHER Herbert Roberts

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Stoddard Co
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Ada Murphy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hanson Co
(STATE OR COUNTRY) Missouri

14. INFORMANT Herbert Roberts
(Address) Springfield Mo

15. Jan 10, 1929 EW Ewing
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3 - 1929

17. I HEREBY CERTIFY That I attended deceased from 11:56 pm on Jan 3, 1929, and that I last saw him alive on Jan 2, 1929, and that death occurred, on the date stated above, at 11:56 pm.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Flu - Pneumonia
IIA

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. L. McClanahan, M. D.
Jan 4, 1929, (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 St. Maria's
DATE OF BURIAL 1-6 - 1929

20. UNDERTAKER Chas E Schaefer
ADDRESS Springfield Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

11 1929

