

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.

APR 23 1929

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

Do not use this space.

9655

File No. \_\_\_\_\_  
 Registered No. 361  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
 County Ritchman Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph, (No. 2426 Lafayette, St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Arnett Roberts,  
 (a) Residence. No. 2426 Lafayette, St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 35 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) Married,  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 26, 1853  
 7. AGE      YEARS      MONTHS      DAYS      If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
                   75            11            18

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) Andrew County,  
 (STATE OR COUNTRY) Missouri,

PARENTS  
 10. NAME OF FATHER Obediah Roberts,  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,  
 (STATE OR COUNTRY) Kentucky,  
 12. MAIDEN NAME OF MOTHER Elizabeth Edwards,  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,  
 (STATE OR COUNTRY) Kentucky,

14. INFORMANT Mrs. A. Roberts  
 (Address) 2426 Lafayette Street,

15. FILED 14 1929  
John S. [Signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 14 1929  
 17. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1929, to March 15, 1929  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 11:10 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Influenza  
118 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 10 ds.  
 CONTRIBUTORY (SECONDARY) 110  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS clinical  
 (Signed) Wm. A. Cook, M. D.

March 15, 1929 (Address) Physician's Office

\*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  
Mount Mora Cemetery      March 18, 1929

20. UNDERTAKER      ADDRESS  
Heaton-Bigelow-Bowman      310 S. 10 St.

by J. W. Harle      Funeral Home

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