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

Do not use this space.

28661-a

1. PLACE OF DEATH
County Randolph
Township Sugar Creek
City Moberly (No. ..... St. ..... Ward)

Registration District No. 735
Primary Registration District No. 3024

File No.
Registered No. 193

2. FULL NAME Howard Or. Roberts
(a) Residence. No. Sheridan Co. College Mound Mo. 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) Aug-9-1917

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
12	0	0	

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

9. BIRTHPLACE (CITY OR TOWN) Carrill Colorado
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Geo. Roberts
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Macon Co. Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Flossie Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sheridan County
(STATE OR COUNTRY) Mo.

14. INFORMANT Geo. Roberts
(Address) College Mound, Mo.

15. FILED 10/12, 1929 Dr. Thos. S. Fleming REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 9 1929

17.
I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1929, to Aug 9, 1929 that I last saw him alive on Aug 9, 1929, and that death occurred, on the date stated above, at 9:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
peritonitis acute
121A
129 (duration) ....yrs. ....mos. 8 ds.
CONTRIBUTORY (SECONDARY) ruptured appendix (duration) ....yrs. ....mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 6-29
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. L. McCormick, M. D.
Aug 11 1929 (Address) Moberly 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	DATE OF BURIAL
Fitzgerald Cem. Sheridan Co.	Aug 11 1929

20. UNDERTAKER	ADDRESS
A. H. Minnar	520 W. Rollins Moberly

N. B.—Every item of information should be carefully supplied. Not more than one cause of death should be given in the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.