

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

Do not use this space.

2311

**1. PLACE OF DEATH**

County Dutton  
Township Jackson  
City (No. ....) .....

Registration District No. 714  
Primary Registration District No. 5949

File No. ....  
Registered No. 5  
St. .... Ward)

**2. FULL NAME**

Arthur 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 20 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
72 10 4

**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 .....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) England

10. NAME OF FATHER Thomas P. Roberts

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

12. MAIDEN NAME OF MOTHER Sarah Price

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

14. INFORMANT J. P. Roberts  
(Address) Powersville Mo

15. FILED 1 20 1930 J. H. Johnson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1930

17. I HEREBY CERTIFY, That I attended deceased from 1-23, 1930, to 1-23, 1930, that I last saw alive on 1-23, 1930, and that death occurred, on the date stated above, at 8:30 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

92A  
950 mitral insufficiency  
with loss of compensation  
(duration) .... yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)**

(duration) do not know

**18. WHERE WAS DISEASE CONTRACTED?**

IF NOT AT PLACE OF BIRTH .....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF X

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS none

(Signed) F. D. Hill, M. D.

1-25 1930 (Address) Lucerne 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**

Lorrey Cemetery Jan 27 1930

**20. UNDERTAKER**

**ADDRESS**

Countock Merc Co Unionville

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.

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

B 20 1930

