

RECORDING UNIT - THIS IS A PERMANENT RECORD

JUN 24 1930

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

Do not use this space.
15438

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph (No.)

Registration District No. 86
Primary Registration District No. 5127
Armour Packing Co.

File No.
Registered No. 47
St. Ward)

2. FULL NAME George H. Roberts

(a) Residence No. R. R. # 5 St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married V

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27, 1907

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.
22 10 11

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Tony F. Roberts
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Galatin
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Tracy Welborn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Todd Point
(STATE OR COUNTRY) Ill.

14. INFORMANT Mrs. T. F. Roberts
(Address) R. R. # 5

15. FILED 5-12-30 19 30 J. J. Banach REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/8th 1930

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

CAUSE OF DEATH* WAS AS FOLLOWS:
Injuries received in an explosion at Armour Packing Co. Cause of explosion unknown
194 B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 202 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF no
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. W. Tadlock Coroner
5/11, 19 30 (Address) St. Joseph 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 1. O. O. F. Cem. DATE OF BURIAL May 12 30 19

20. UNDERTAKER Frank J. Clark ADDRESS 5025 King Hill Av.

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.

