DEC 20 1930

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

Do not use this space.

35566

File No.

Registered No. 40

1. PLACE OF DEATH

County: Carroll

Township: Washington

City: Braymer, (No. , St. Ward)

Registration District No. 138

Primary Registration District No. 5203

2. FULL NAME Robert P. 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 50 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)
M	Wh	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 28, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	63	2	3	

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): Wis

PARENTS

10. NAME OF FATHER: John Roberts

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: O. M. Roberts
(Address): Braymer, Mo

15. FILED Nov. 2, 1930 E. L. Musson, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 1 1930

17. I HEREBY CERTIFY, That I attended deceased from July 24, 1930, to Nov. 1, 1930, that I last saw him alive on Nov. 1, 1930, and that death occurred, on the date stated above, at 10:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of left Maxillary Sinus
53 D
(duration) 1 yrs. — mos. — ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? yes DATE OF About 4 years ago
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) Geo. B. Dowell, M. D.
Nov. 3, 1930 (Address) Braymer, 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: Plymouth — DATE OF BURIAL: 11-3-1930

20. UNDERTAKER: B. F. Mead — ADDRESS: Mo Braymer

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.