

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

Do not use this space.

35719

1. PLACE OF DEATH

County Dallas
Township N. Center
City Buffalo (No. 4147)

Registration District No.
Primary Registration District No. 241

File No.
Registered No. 5-68 St. Ward)

2. FULL NAME L. G. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 23-1884

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>84</u>	<u>11</u>	<u>18</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Invalid
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Ky

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT L. G. Roberts
(Address) Car. Greenleaf, Mo

15. FILED 12/18 1930 Harvey Moran
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov-11-1930

I HEREBY CERTIFY, That I attended deceased from June 1-1930 to July 21-1930
that I last saw him alive on July 21, 1930 and that death occurred, on the date stated above, at 11 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dailly's mule

17. CONTRIBUTORY (SECONDARY) 59
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 57
IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) B. F. Johnson, M. D.
, 19 (Address) Buffalo, Mo

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Buffalo DATE OF BURIAL Nov-13-1930

20. UNDERTAKER L. B. Jones ADDRESS Buffalo, Mo

Widowed to Mother

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.

