

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

Do not use this space.

13245

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township Washington Primary Registration District No. 1001
 City St. Joseph (No. 1018 Douglas) St. _____ Ward _____

File No. _____
 Registered No. 411

2. FULL NAME Isaac Roberts
 (a) Residence, No. 1018 Douglas 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.

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 unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5 1850
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 7 8
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Mo.

FATHER
 13. NAME John Roberts
 14. BIRTHPLACE (CITY OR TOWN) Nashville (STATE OR COUNTRY) Tenn.

MOTHER
 15. MAIDEN NAME Emily
 16. BIRTHPLACE (CITY OR TOWN) Clinton Co. (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. M. Richardson (ADDRESS) St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE City DATE April 15 1931

19. UNDERTAKER 500 Deeman Funeral Home (ADDRESS) St. Joseph Mo.

20. FILED APR 14 1931 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr. 13, 1931, to Apr 13, 1931
 I last saw him alive on Apr 13, 1931 Death is said to have occurred on the date stated above, at 7:20pm.

The principal cause of death and related causes of importance were as follows:
Cancer of bladder Date of onset

Other contributory causes of importance:
518
518

Name of operation no Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 19____
 Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) B. W. Traubner, M. D.
 (Address) Pt & Bldg

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.

MAY 2 1 1931

