

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

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.

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

Do not use this space.

27577

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. Mo. Meth., Hospt.) St. _____ Ward _____

File No. _____
Registered No. 885

2. FULL NAME Charles Edward Roberts

(a) Residence, No. Route #2 Maxwell Road 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>65</u>	<u>5</u>	<u>27</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Panora
(STATE OR COUNTRY) Iowa

13. NAME James F. Roberts

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

17. INFORMANT Edward Roberts
(ADDRESS) Route 42 St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Odd Fellows Cem.
PLACE _____ DATE Aug. 27 1931

19. UNDERTAKER Fred D. Clark
(ADDRESS) 5025 King Hill Av.

20. FILED Aug 26 1931 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24, 1931 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1931, to Aug 24, 1931.
I last saw him alive on Aug 24, 1931. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Stenosis of the heart
acute indigestion

Date of onset Aug 23 1931

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

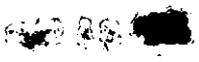
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) W. H. Morris, M. D.

(Address) Rock Island Bldg
St. Joseph Mo



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