

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

Do not use this space.

33639

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St. Joseph, Primary Registration District No. 1001
City (No. Missouri Methodist Hospital) St. _____ Ward _____

File No. _____
Registered No. 1032

2. FULL NAME Abner A. Roberts,

(a) Residence, No. 1506 Frederick Ave. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 8 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 Maude Roberts,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1883

7. AGE YEARS 48 MONTHS 7 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railway Co.
10. Date deceased last worked at this occupation (month and year) 1926 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) Cedar County, (STATE OR COUNTRY) Iowa,

FATHER 13. NAME John A. Roberts,

14. BIRTHPLACE (CITY OR TOWN) Cedar County, (STATE OR COUNTRY) Iowa,

MOTHER 15. MAIDEN NAME Melvina Waller,

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

17. INFORMANT John A. Roberts (ADDRESS) 1506 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Oct. 12, 1931

19. UNDERTAKER Heaton-Bryce & Bowman (ADDRESS) 319 S. 10th St. General Home

20. FILED Oct 2 1931 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1931, to Oct 9, 1931
I last saw him alive on Oct 9, 1931 Death is said to have occurred on the date stated above, at 10:30 p.m.

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

General peritonitis Date of onset Oct 4
Pneumonia
Septicemia
5th Cause of peritonitis unknown
Other contributory causes of importance:
Lympho sarcoma. Malignant

Name of operation Oct 4 31 Date of Oct 4 31
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? _____ 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) H. S. Sarnad M. D.
(Address) St. Joseph

Dr. Conrad says he could not really say what the
~~site~~ or primary seat of sarcoma was.
but he had been ill a long time - that the glands
of his stomach were affected & in fact his whole
system

B of Bennett

S(2)-33639

Oct. 9, 1931

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Wichman
Township St Joe
City St Joe

Registration District No. 83
Primary Registration District No. 1001

File No.
Registered No. 1032
St. Ward)

2. FULL NAME

(a) Residence, No. Abner A. Roberts 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

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

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

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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 12-2-1931 John P. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 19 31

22. I HEREBY CERTIFY, That I attended deceased from

to 19...

I last saw him alive on 19... Death is said

to have occurred on the date stated above, at ... m.

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

General peritonitis
perforation bowel
small
cause of perforation
transpiration
Other contributory causes of importance:
Lymph Sarcoma
malignant melanoma

Name of operator Date of

What test confirmed diagnosis? Was there an autopsy?

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) , M. D.

(Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S(2)-33639