

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

Do not use this space.

9502

1. PLACE OF DEATH
 18 County DeWitt Registration District No. 661
 Township St. Michaels Primary Registration District No. 5-863
 City St. Michaels (No.) St. Ward)
 Died Wm. L. Roberts
 2. FULL NAME
 (a) Residence No. St., Ward. (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.

File No.
 Registered No. 54

MAY 26 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) unfair
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 24, 1932
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or min.
0 0 0 2 0

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer) Ill.
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Halleaus, Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Wm. Roberts
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Jessie Pfeffer
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill.
 (STATE OR COUNTRY)

14. INFORMANT Wm. Ben Pfeffer
 (Address) Missouri

15. FILED Apr 12 1932 G. A. Martin
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/25 1932
 17. I HEREBY CERTIFY, That I attended deceased from
 to 19, to 19,
 that I last saw him alive on March 30, 1932, and that
 death occurred, on the date stated above, at 3:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
unmatured heart
157 / 50
 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. (1)

9 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. W. Robbins, M. D.
Mar 25 1932 (Address) Steele 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 Little Prairie Cemetery DATE OF BURIAL March 26 1932

20. UNDERTAKER Friends ADDRESS Holland Mo.

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.

WRITE PLAINLY, WITH UNFADING INK IN THIS SPACE

