

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.

JUN 24 1932

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

Do not use this space.

17118

1. PLACE OF DEATH

County Osage Registration District No. 710
Township Morris Primary Registration District No. 5939
City Pleasant Hope (No. _____) St. _____ Ward _____

2. FULL NAME Mylin Dallas Roberts

(a) Residence, No. _____ 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 11 - 1870

7. AGE 62 YEARS MONTHS 2 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Waltham Mo

FATHER 13. NAME Harrison Roberts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris

MOTHER 15. MAIDEN NAME Louisa Marlon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT E. H. Roberts
(ADDRESS) Pleasant Hope

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hope, Kansas DATE June 3, 1932

19. UNDERTAKER William S. Spurr
(ADDRESS) Pleasant Hope Mo.

20. FILED June 8, 1932 Estelle Benton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1932, to May 31, 1932
I last saw him alive on May 31, 1932 Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

Heart Failure
2:00 A 2:00 A
Other contributory causes of importance: _____
Date of onset about 2 weeks

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Dr. W. C. Whight M. D.
(Address) Pleasant Hope, Mo.

