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.

21253

File No. .....

Registered No. 5809

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. 4112, Dressel St. ..... Ward)

2. FULL NAME Thomas H. Roberson

(a) Residence, No. 4112 Dressel St., 7 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: 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: Mary E. Roberson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 19. 1859

7. AGE: YEARS 73 | MONTHS 1 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Salesman

10. Date deceased last worked at this occupation (month and year): 2

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

FATHER

13. NAME: Hiram Roberson

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

MOTHER

15. MAIDEN NAME: Adaline Hyatt

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

17. INFORMANT (ADDRESS): Chas. Roberson, 2815 Laclede Rd. Maplewood

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Valhalla DATE: June 21, 1932

19. UNDERTAKER (ADDRESS): Craig Undertaking Co. 4468 Washington Blvd

20. FILED: JUN 20 1932, 19 Max E. Starkey, Registrar

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov-8, 1931, to June-18, 1932

I last saw him alive on June 14, 1932. Death is said to have occurred on the date stated above, at 3:35 a.m.

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

Chronic Myocarditis ahd 927

93C

97

93C

Other contributory causes of importance:

Arterio Sclerosis

1

Date of onset

Name of operation: no 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) E B Mary Field, M. D.

(Address) A J Sewing Rd