

22657-6 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22657-6

File No. 61#
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

#6 County Howell
Township Spring Creek
City _____ (No. _____)

Registration District No. 8821
Primary Registration District No. 5539

2. FULL NAME

David Roberson

(a) Residence No. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 24 1859

7. AGE 73 YEARS 3 MONTHS 20 DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

9. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) _____

10. NAME OF FATHER Charles A. Roberson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Eloabeth Pruitt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know (STATE OR COUNTRY) _____

14. INFORMANT Joe Fare (Address) Terdilla, Mo.

15. FILED 7-15 1932 O.P.A. Neunisch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14 1932

17. I HEREBY CERTIFY, That I attended deceased from June 30 1932 to July 14 1932, and that I last saw him alive on July 13 1932, and that death occurred, on the date stated above, at 12:00 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Interstitial Nephritis

18. WHERE WAS DISEASE CONTRACTED 157 B (duration) 2 yrs. mos. ds.
CONTRIBUTORY abscess of hip (SECONDARY) (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 157 B (duration) _____ yrs. mos. ds.
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS _____ (Signed) Chas. Beach M. D. (Address) Elijah, 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 Cureall Cemetery DATE OF BURIAL 7-14 1932

20. UNDERTAKER Kenny Lamell ADDRESS Polkville 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.

NOV 23 1932

