

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

Do not use this space.

27055

**1. PLACE OF DEATH**

County Pulaski  
Township Union  
City Union (No. ....)

Registration District No. 711  
Primary Registration District No. 5940

File No. 14  
Registered No. 14  
St. .... Ward)

**2. FULL NAME**

George 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 Miss Ann Roberts  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/17/1858  
7. AGE YEARS 74 MONTHS 4 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. Retired 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) Indiana (STATE OR COUNTRY) 2

FATHER  
13. NAME John Roberts

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

MOTHER  
15. MAIDEN NAME Rebecca Routh

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

17. INFORMANT Mrs Geo Roberts (ADDRESS) Union, Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Sewell DATE Aug. 9 1932

19. UNDERTAKER Fred A. Gilbert (ADDRESS) Union, Mo.

20. FILED sep. 7 1932 U.S. Fack Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-7- 1932

22. I HEREBY CERTIFY, That I attended deceased from Died suddenly, 19....  
I last saw h..... alive on ..... 19.... 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:

apoplexy.  
arteriosclerosis.  
Other contributory causes of importance: Arteriosclerosis.

Name of operation D Date of .....  
What test confirmed diagnosis? none 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 af. Crider, M. D.  
(Signed) af. Crider  
(Address) Union, Mo

WHITE 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.

SEP 26 1932

