

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

2400  
File No. 934  
Registered No. 34000

**1. PLACE OF DEATH**

County ..... Registration District No. 700  
Township ..... Primary Registration District No. 9000  
City, St. Louis (No. 4223 Holly Ave) St. 34000

**2. FULL NAME**

William Roberts  
(a) Residence, No. 4223 Holly St., 10 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) Angela McHugh Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31 - 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 4 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Williams Patent Cuchola

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Angela Roberts  
(ADDRESS) 4223 Holly Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE 10-22-1932

19. UNDERTAKER Stout Carroll and Co.  
(ADDRESS) 4600 Nat. Bridge

20. FILED OCT 21 1932 Max C. [Signature] Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1932, to Oct 19, 1932

I last saw him alive on Oct 19, 1932 Death is said

to have occurred on the date stated above, at 10:30 p.m.

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

Carcinoma, left horizontal portion of tongue, with metastasis to larynx, jaw, mouth, and left neck. Markedly advanced.

Other contributory causes of importance: 4:20

Operations  
1st Radical operation left tongue, Mar 22, 1932  
2nd Operation left neck - July 12, 1932  
3rd Throat operation - July 20, 1932  
4th Radical operation and  
What test confirmed diagnosis? Microscopic 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..... (D)

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) J.C. Landree M. D.  
(Address) 302 University Club Bldg  
St. Louis, Mo.

WRITE PLAINLY, UNFADING INK—THIS

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.

