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.

1. PLACE OF DEATH
3 County Platte — Registration District No. 693 — File No. 41107
2 Township — Primary Registration District No. 4415 — Registered No.
1 City Edgerton (No. ..... St. ..... Ward)

2. FULL NAME Marcus Benedict Roberts

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

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 [illegible]

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-21-1854

7. AGE: YEARS 77 — MONTHS 11 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic or Cabinet maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Birmingham 2 Erie Co Ohio

FATHER
13. NAME Marcus B. Roberts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Connecticut

MOTHER
15. MAIDEN NAME Catherine Hardy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y. State

17. INFORMANT (ADDRESS) Mrs. M. B. Roberts Edgerton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridgeley Cem. DATE 12-12-1932

19. UNDERTAKER (ADDRESS) W. H. Rollins Edgerton Mo.

20. FILED 1-10, 1933 W. H. Rollins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-9-1932

22. I HEREBY CERTIFY, That I attended deceased from none, 19..., to none, 19...
I last saw h..... alive on none, 19..... Death is said to have occurred on the date stated above, at 8-30 A.m.
The principal cause of death and related causes of importance were as follows:

Influenza — Died without medical care — 10 11B

Date of onset

Other contributory causes of importance: 5

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? No
If so, specify .....
(Signed) S. L. Durham Coroner, M. D.
(Address) Dearborn Mo.