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.

APR 24 1933

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

Do not use this space.

43054 1

1. PLACE OF DEATH
113 County North
Township Middlefork
City (No. , St. Ward)

Registration District No. 1112
Primary Registration District No. 6213

File No.
Registered No.

2. FULL NAME Albert C Roberts

(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Bella Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 4 - 1847

7. AGE YEARS 85 MONTHS 9 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
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 Age of Life

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

FATHER
13. NAME Joseph Roberts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carolina

MOTHER
15. MAIDEN NAME Margrette Vandermilk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carolina

17. INFORMANT (ADDRESS) Ole Roberts North. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grant City DATE 12 1932

19. UNDERTAKER (ADDRESS) Hayes Andrews North Mo

20. FILED 12/21 1932 H. Andrews Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1932, to Dec 19, 1932
I last saw him alive on Dec 19, 1932 Death is said to have occurred on the date stated above, at 12:15 A.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
97
162
97

Date of onset

Other contributory causes of importance: Age

Name of operation — 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? No 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) Albert Andrews, M. D.
(Address) North, Mo.