

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

Do not use this space.

6194

1. PLACE OF DEATH

County Franklin
Township North City
City North City (No.)

Registration District No. 417
Primary Registration District No. 3021

File No.
Registered No. 15
St. Ward

2. FULL NAME

(a) Residence, No. 914 N. 3rd St. 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

MEDICAL CERTIFICATE OF DEATH

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) Adeline Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19 1862

7. AGE YEARS 70 MONTHS 2 DAYS 14 If LESS than 1 day, hrs. or min.

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

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) Greenville (STATE OR COUNTRY) Texas

13. NAME Alfred Roberts

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

15. MAIDEN NAME Haniet Dearbone

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

17. INFORMANT Miss Debra Roberts (ADDRESS) North City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Centerville Cem. DATE 2/25 1933

19. UNDERTAKER North City Undert Co. (ADDRESS) North City, Mo.

20. FILED 475 1933 R. M. Starnock Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to 2 - 23 1933. I last saw him alive on 2 - 23 1933. Death is said to have occurred on the date stated above, at 3:30 m.

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

Bronchial Pneumonia Date of onset 1/11/33

Other contributory causes of importance: None

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?

If so, specify B. P. Dumbauld (Signed) M. D.

(Address) North City, 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.

