WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

FEB 28 1933

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.

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1. PLACE OF DEATH

51 County Johnson — Registration District No. 431

Township Warrensburg — Primary Registration District No. 5588

City ~~Warrensburg Mo~~ (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME John William 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): Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1861 Feb 28

7. AGE: 72 YEARS — MONTHS: 11 — DAYS: 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

FATHER

13. NAME Carline Elizabeth Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafette Co

MOTHER

15. MAIDEN NAME Thomas Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Roberts Co

17. INFORMANT (ADDRESS) Mr Roberts - Bro of deceased

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Grove DATE Feb 10, 1933

19. UNDERTAKER (ADDRESS) W. R. Wilcox Funeral Service Warrensburg Mo

20. FILED Feb 10, 1933 Wm R Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 - , 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 17th, 1931, to Feb 8th, 1933

I last saw him alive on Jan. 31st, 1933. Death is said to have occurred on the date stated above, at 9:30 P m.

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

Chronic Interstitial Nephritis — Date of onset

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Other contributory causes of importance:

A Nov of 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 .....

(Signed) D. B. Hall, M. D.

(Address) Warrensburg Mo.