

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph (No. 223)

East Pauline St. Pauline Ward

File No. 18946

Registered No. 592

2. FULL NAME

(a) Residence, No. 223 E. Pauline St., Pauline Ward.

(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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 - 1889

7. AGE YEARS 44 MONTHS 2 DAYS 4 If LESS than 1 day, hrs. or min.

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

13. NAME Lee Roberts

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

15. MAIDEN NAME Ada King

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

17. INFORMANT (ADDRESS) Elizabeth Roberts 223 East Pauline

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem DATE June 10 1933

19. UNDERTAKER (ADDRESS) Bursey's Mortuary 924 Olive St St. Joseph Mo

20. FILED 6-11 1933 John K. Bender Registrar

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 12/24 1932 to 6/8 1933

I last saw him alive on 9:30 P 19 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:

Apoplexy
81A
82A
81

Date of onset 1 hr
4 mos

Other contributory causes of importance:
Ascending Paralysis
Name of operation none Date of 0
What test confirmed diagnosis? clinical 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Feunoy Swadlow M. D.
(Address) 2612 W. W. No

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.

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

JUL 20 1933

2-2-35

