

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

Do not use this space.

1001

**1. PLACE OF DEATH**

County Jackson  
Township Beale  
City Independence (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 398  
Primary Registration District No. 3019

File No. \_\_\_\_\_  
Registered No. 40

**2. FULL NAME**

(a) Residence, No. 728 S. Main St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
80 1 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Circuit Clerk  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Department  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 23 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Penn

13. NAME Prester Roberts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Penn

15. MAIDEN NAME Agnes McLaughlin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Penn

17. INFORMANT Miss Louise Williams (ADDRESS) 728 S. Main St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem DATE Jan 27 1934

19. UNDERTAKER Att. + Mitchell (ADDRESS) Independence Mo

20. FILED Jan 27 1934 Dr. F. L. Cook Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1934, to Jan 26, 1934. I last saw him alive on Jan 26, 1934. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m. The principal cause of death and related causes of importance were as follows:

Broncho pneumonia Date of onset Jan 16  
Influenza Jan 11

Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Cerebral 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) J. H. Hickenon M.D. M. D. (Address) Independence Mo

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