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

Do not use this space.

File No. 16883

Registered No. 2732

APR 25 1934

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 100:1

City Saint Louis (No. 4040 Enright Avenue St. ..... Ward)

2. FULL NAME James H. Roberts

(a) Residence, No. 4040 Enright Avenue St., 19 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unavailable yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~OR WIFE OF~~ Audia Hoard Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1876

7. AGE: Years 58 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) March 1934

11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Humbolt Tennessee

FATHER

13. NAME Unavailable Roberts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable "

MOTHER

15. MAIDEN NAME "

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

17. INFORMANT Audia Roberts
(ADDRESS) 4040 Enright Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Mar 19, 1934.

19. UNDERTAKER Charles J. Bates
(ADDRESS) 4107 Finney Avenue

20. FILED MAR 19 1934, 19 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2 2, 34, to March 13th, 1934

I last saw him alive on March 13th, 19 34 Death is said to have occurred on the date stated above, at 2:15 P.M.

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

	Date of onset
99 A	
Chronic Valular	
Heart Disease	

Other contributory causes of importance:

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) William Cullen Bridges, M. D.

(Address) 910a North Sarah Street.

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