

MAY 25 1934

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

Do not use this space.

11372

## 1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City..... (No. Missouri Bro. Hospital)..... Sl. .... Ward)

## 2. FULL NAME

Wm R. Roberts, Jr.  
(a) Residence, No. 7600 Michigan - St. 1 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 18 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
57 56 4 26

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

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) Philadelphia (STATE OR COUNTRY) Penna

13. NAME George M Roberts

14. BIRTHPLACE (CITY OR TOWN) White Plains (STATE OR COUNTRY) New York

15. MAIDEN NAME Margaret Jane Hofer

16. BIRTHPLACE (CITY OR TOWN) Bavaria (STATE OR COUNTRY) Germany

17. INFORMANT Raymond Q Roberts (ADDRESS) 3444 G St. Phila, Penna

18. BURIAL, CREMATION, OR REMOVAL PLACE Philadelphia Pa. DATE Mar. 31 1934

19. UNDERTAKER J. P. Fenchel, Jr. (ADDRESS) 7128 Michigan Jan.

20. FILED APP - 1 1934 J. Brebeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30th, 1934

I HEREBY CERTIFY, That I attended deceased from March 28th, 1934, to March 30th, 1934

I last saw him alive on March 27th, 1934. Death is said to have occurred on the date stated above, at 8:20 p.m.

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

acute Intestinal Obstruction Date of onset 3/28/34  
1225 (Valvulus)

1117 1222 1221

Other contributory causes of importance:

acute Pulmonary Edema 3/30/34

Name of operation Electrum Date of 3/29/34

What test confirmed diagnosis? Clinical 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 F. McClame, M. D.

(Address) 6633 Virginia ave.

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

1876-8-14  
1876-8-14

1876-8-14