

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

Do not use this space.

12267

MAY 25 1934

1. PLACE OF DEATH

County Platte
Township Liberty
City Liberty (No. 201)

Registration District No. 201
Primary Registration District No. 4-280

File No. 27
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William J. Roberts

(a) Residence, No. T.O.O.F. Home St. Ward _____
(Usual place of abode)

(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 M 4. COLOR OR RACE W 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) 3-20-1862

7. AGE YEARS 72 MONTHS 0 DAYS 22
IF LESS than 1 day, _____ hrs. or _____ min.

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

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) England.

13. NAME David Roberts

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

15. MAIDEN NAME Marguete Hill

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

17. INFORMANT Ray Collins
(ADDRESS) Liberty Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE T.O.O.F. Liberty DATE 4-14 1934

19. UNDERTAKER Hessel-Myers
(ADDRESS) Liberty Mo.

20. FILED 4-14 1934 E. T. Brant
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12 1934

22. I HEREBY CERTIFY, That I attended deceased from April 11 1934 to April 12 1934

I last saw him alive on April 12 1934 Death is said

to have occurred on the date stated above, at 11 A. M.

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

Central Hemorrhage
arterio-sclerosis
Date of onset _____

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 J. H. W. [Signature]
(Signed) _____, M. D.

(Address) Liberty Mo

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.

