

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

Do not use this space.

19287

1. PLACE OF DEATH

County Warren
Township Warranta
City Warrenton (No.)

Registration District No. 551
Primary Registration District No. 4534

File No.
Registered No.
St. 17 (Ward)

2. FULL NAME

Robert N. Childs

(a) Residence. No. 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 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 Minerva A. Childs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 6-1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>84</u>	<u>5</u>	<u>11</u>	

8. OCCUPATION OF DECEASED and Recorder
(a) Trade, profession, or particular kind of work Retired Circuit Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Near Pendleton
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER William F. Childs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Alabama

12. MAIDEN NAME OF MOTHER Martha Plumer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Thomas Childs
(Address) Warrenton, Mo.

15. FILED 5/20 1934 A. W. Whiting
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17th 1934

17. I HEREBY CERTIFY, That I attended deceased from, 1930 to May 16, 1934 that I last saw him alive on May 15, 1934, and that death occurred, on the date stated above, at 6:10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy & Hemiplegia

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) 4 yrs. 6 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED 8221
IF NOT AT PLACE OF DEATH.
DID AN OPERATION PRECEDE DEATH? 8221 DATE OF

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Warrenton City Co. DATE OF BURIAL 5/19th 1934

20. UNDERTAKER F. W. Gehring ADDRESS Warrenton, Mo.

WHAT TEST CONFIRMED DIAGNOSIS (Signed) John H. Boyer, M. D.
, 19 (Address) Warrenton Mo.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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.

JUN 27 1934

The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, on the
 subject of the above-captioned tract of land. The tract is
 situated in the County of [County Name], State of [State Name].
 The tract is bounded on the north by [Description], on the
 south by [Description], on the east by [Description], and on
 the west by [Description]. The tract is of the size of [Size].
 The tract is owned by [Owner Name], who is the holder of the
 title to the tract. The tract is subject to the following
 conditions: [Conditions].