

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

Do not use this space.

**1. PLACE OF DEATH**

County Andrew Registration District No. 13  
 Township \_\_\_\_\_ Primary Registration District No. 4010  
 City Savannah (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 19354

Registered No. \_\_\_\_\_

**2. FULL NAME** Edmond Roberts

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 22 - 1873</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>5</u>
	DAYS <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Gardener</u>	
	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 _____

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-8, 1934

22. I HEREBY CERTIFY That I attended deceased from May 1 to June 8, 1934  
 I last saw him alive on July 7, 1934. Death is said to have occurred on the date stated above, at 7:50 a.m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Embolism  
Degenerative Myocarditis  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fillmore Mo</u>
	13. NAME <u>Siddeon Roberts</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Kentucky</u>
	15. MAIDEN NAME <u>Delila Townsend</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ind</u>
17. INFORMANT (ADDRESS) <u>Mrs. Jake Baum Savannah Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fillmore</u> DATE <u>6-9</u> , 19 <u>34</u>	
19. UNDERTAKER (ADDRESS) <u>E. C. Breit Savannah Mo</u>	
20. FILED <u>6/8</u> , 19 <u>34</u> <u>Mrs. A. R. King</u> Registrar	

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) Walter P. Myhr, M. D.  
 (Address) Savannah Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.  
 JUL 11 1934  
 22

