

OCT 18 1934

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

Do not use this space.

36925

1. PLACE OF DEATH

County Pettis
Township
City Satolia (No.)

Registration District No. 668
Primary Registration District No. 3032
Bothwell, Hep

File No. 340
Registered No. 668
St. Ward

2. FULL NAME

J. Clem
Roberts

(a) Residence, No. Windsor Mo 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) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30-1885
7. AGE YEARS 49 MONTHS 0 DAYS 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dry Goods Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store
10. Date deceased last worked at this occupation (month and year) OCTOBER-34 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME S.E. Roberts

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

15. MAIDEN NAME Majorie Schrug

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

17. INFORMANT Mrs Ruth Roberts (ADDRESS) Windsor Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor Mo. DATE Oct. 10-34

19. UNDERTAKER HUSTON'S FUNERAL CHAPEL (ADDRESS) Windsor Mo.

20. FILED 10-8- 19 34 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1934 to Oct 7 1934
I last saw him alive on Oct 7 1934 Death is said to have occurred on the date stated above, at 1:15 P.M.

The principal cause of death and related causes of importance were as follows:
Hemorrhage in chest due to fracture of sternum ribs
2:15 P.M.
10:30

Other contributory causes of importance
Fracture Rt. Tibia
Fracture Lys Tibia

Name of operation X Date of
What test confirmed diagnosis Kant & K. W. Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 6 1934
Where did injury occur? Near Windsor Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public Highway
Manner of injury Automobile Collision
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) W. S. Schreiner M. D.
(Address) Satolia 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.

