

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

Do not use this space.

DEC 19 1934

1. PLACE OF DEATH

County New Madrid  
Township Come  
City..... (No..... St..... Ward)

Registration District No. 605  
Primary Registration District No. 4359

File No. 40148  
Registered No. ....

2. FULL NAME

William Miles 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lou Roberts</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 30, 1859</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>7</u>
	DAYS <u>13</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>Farming</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>	11. Total time (years) spent in this occupation <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>White Co, Tenn</u>		
FATHER	13. NAME <u>Roberts</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Herman Roberts</u> <u>Lilloren R1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Malden Mo</u> DATE <u>11-13</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>H. R. Craig</u> <u>Malden Mo</u>		
20. FILED <u>11-12</u> 19 <u>34</u> <u>Dr. Crown</u> <u>Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1934, to Nov 12, 1934  
I last saw him alive on Nov 11, 1934. Death is said to have occurred on the date stated above, at 7 A. m.  
The principal cause of death and related causes of importance were as follows:  
Cancer of Prostrate gland.  
Enlargement began about 1 year ago  
51  
Other contributory causes of importance:  
51

Name of operation ✓ Date of ✓  
What test confirmed diagnosis? Blood Diags 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 ✓, 1934  
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) Raydon Castleton M. D.  
(Address) Malden

WHITE PAPER, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

