

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

Do not use this space.

APR 26 1935

9155

**1. PLACE OF DEATH**

County     Jackson     Registration District No.     399      
 Township     Kaw     Primary Registration District No.     1102      
 City     Kansas City     (No.     St Joseph Hospital    ) St.      Ward     

File No.       
 Registered No.     1101    

**2. FULL NAME**     William G. Roberts    

(a) Residence, No.     917 Central     St.      Ward.       
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred     22     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)     Single    

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF     

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)     September 10 1867    

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
    67         6         0    

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.     Stationary Engineer    

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)     Arkansas    

13. NAME     Lewis Roberts    

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

15. MAIDEN NAME     Diana Short    

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)     Don't Know    

17. INFORMANT     J. M. Roberts      
 (ADDRESS)     Everton Arkansas    

18. BURIAL, CREMATION, OR REMOVAL PLACE     Forest Hill     DATE     Mar 13 1935    

19. UNDERTAKER     Freeman Mortuary & Chapel      
 (ADDRESS)     104 West 42nd Street    

20. FILED     3-12-35     Registrar     

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR)     3 - 10 1935    

22. I HEREBY CERTIFY, That I attended deceased from     3 - 8 1935     to     3 - 10 1935    

I last saw him alive on     3 - 10 1935     Death is said to have occurred on the date stated above, at     5:30 P.M.    

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

    Coronary occlusion with cardiac decumulus abn     Date of onset     3/4/35    

Other contributory causes of importance:     Diabetes mellitus & Hypertension    

Name of operation     no     Date of     

What test confirmed diagnosis?     post     Was there an autopsy?     no    

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?     no     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)     W. A. Anderson    , M. D.

(Address)     843 Angye Road    

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.

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