

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

Do not use this space.

15922

1. PLACE OF DEATH *May 19 1935*
 County *Stanton* Registration District No. *204*
 Township *Shoal* Primary Registration District No. *5782*
 City _____ (No. _____) St. _____ Ward _____
 2. FULL NAME *John Wm 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 30, 1868*
 7. AGE YEARS *66* MONTHS *9* DAYS *23* If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*
 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 _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Stamworth Va*
 13. NAME *Isaac N Roberts*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Va*
 15. MAIDEN NAME *Lucenia Waggy*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Nut Va*
 17. INFORMANT *Wm J Roberts* (ADDRESS) *Cameron Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Moore Funeral Home* DATE *May 25 1935*
 19. UNDERTAKER (ADDRESS) *Cameron Mo*
 20. FILED *May 24 1935* *W A Risley* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 23 1935*
 22. I HEREBY CERTIFY, That I attended deceased from *5-21-1935* to *5-23-1935*
 I last saw him alive on *5-21-1935* Death is said to have occurred on the date stated above, at *11:50 a.m.*
 The principal cause of death and related causes of importance were as follows:
Chronic renal disease
 Other contributory causes of importance:
External hemorrhage
Acute tubular degeneration
 Name of operation *none* Date of _____
 What test confirmed diagnosis? *Chemical* Was there an autopsy? *No*
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____
 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? *No*
 If so, specify _____
 (Signed) *Isaac N Roberts*, M. D.
 (Address) *Cameron 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.

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