JUN 13 1935

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

Do not use this space.

15958

1. PLACE OF DEATH

County Cole — Registration District No. 213 — File No.

Township — Primary Registration District No. 3014 — Registered No. 176

City Jefferson (No. , St. Ward)

2. FULL NAME William R. Roberts

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14th, 1893

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
41	11	15	

OCCUPATION

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

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) Lamar, Missouri

FATHER

13. NAME Emmett Roberts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County, Mo

MOTHER

15. MAIDEN NAME Jane Brummitt

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

17. INFORMANT (ADDRESS) Emmett Roberts Jefferson City, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem DATE May-31- 1935

19. UNDERTAKER (ADDRESS) Thorpe J. Gordon Jefferson City Mo

20. FILED 5/20 1935 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-29-1935

22. I HEREBY CERTIFY, That I attended deceased from I did not attend deceased

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 7.30 a.m.

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

Collision between two cars driven by W.C. Robertson & Carl Gupton. Crushing deceased against an Ice truck

Date of onset

Other contributory causes of importance:

210 G

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5-29 1935

Where did injury occur? Jefferson City, Cole, Mo, (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Car Accident

Nature of injury Chest crushed

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

If so, specify

(Signed) Dr R E Weaver Coroner

(Address) Russellville 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.