

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.

JUL 1 1935

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

Do not use this space.

21899

1. PLACE OF DEATH

109 County Texas Registration District No. 862
Township Burdick Primary Registration District No. 6135
City Carrollton (No.) St. Ward

File No.
Registered No. 58

2. FULL NAME

(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 47 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>Lulu Roberts</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 14 1888</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>5</u>
	DAYS <u>22</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hardware Merchant</u>	
	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) <u>May 1935</u>	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carroll Mo</u>		
FATHER	13. NAME <u>L. M. Roberts</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Francis Reese</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> </u>	
17. INFORMANT (ADDRESS) <u>Mrs Lulu Roberts Carroll Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Carroll</u>	DATE <u>June 9 1935</u>
19. UNDERTAKER (ADDRESS) <u>Taylor & Bell Carroll Mo</u>		
20. FILED <u>June 16 1935</u> <u>Mrs. Clovis Sumner</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to June 6 1935
I last saw him alive on June 1 1935 Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Embolism Date of onset June 6 1935

Other contributory causes of importance:
Thrombotic Hemiplegia May 20 1935

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? 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? no
If so, specify
(Signed) Dr. Edna Ham, M. D.
Carroll Mo

100-1-100

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