WRITE PLAINLY, 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.

OCT 28 1935

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

Do not use this space.

31476

1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No.
Township Carondelett — Primary Registration District No. 6248 B — Registered No. 326
City Jefferson Barracks, Mo. (No. R R 11 Box 590 St. Ward)

2. FULL NAME Charles M. Roberts
(a) Residence, No. RR 11 Box 590 Jefferson Barracks Mo (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 M.
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Hattie Roberts
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 13 1881
7. AGE YEARS 54 MONTHS 1 DAYS 1 If LESS than 1 day, ...hrs. or ....min.

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) Ill.

FATHER
13. NAME John A. Roberts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Nancy J. Panahart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Hattie Roberts RR #11 Box 590
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE 9-18- 1935
19. UNDERTAKER (ADDRESS) Louis H Bopp Kirkwood Mo.
20. FILED 9/17 1935 G Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 14 1935

22. I HEREBY CERTIFY, That I attended deceased from March 14th 1935, to September 14th 1935
I last saw him alive on September 14th 1935. Death is said to have occurred on the date stated above, at 10:35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	Aug 5th

Other contributory causes of importance: Valvular disease of heart Oct 1934

Name of operation none 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) Henry J Dionysius, M. D.
(Address) 125 E Adams, Kirkwood