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.

DEC 16 1935

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

Do not use this space.

35293

1. PLACE OF DEATH
County Buchanan — Registration District No. 82 — File No.
Township Washington — Primary Registration District No. 5127 — Registered No. 93
City ~~St. Joseph~~ (No. South 11th St. Road St. Ward)

2. FULL NAME Chester F. Roberts
(a) Residence, No. South 11th St. Road 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

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) Nov. 4, 1935

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	0	0	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) St. Joseph (STATE OR COUNTRY) Missouri

FATHER
13. NAME Paul Roberts
14. BIRTHPLACE (CITY OR TOWN) Gallatin (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Elsie Nagel
16. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Missouri

17. INFORMANT Paul Roberts (ADDRESS) route 5 St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Odd Fellows Cem. DATE Nov. 24, 1935

19. UNDERTAKER Clark Mortuary (ADDRESS) 5025 King Hill Ave.

20. FILED Nov 25, 1935 J. J. Bauschek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 1935, 19

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased ~~from~~ Nov. 22, 1935, to ....., 19....
I ~~last saw~~ viewed h.... ~~alive on~~ Nov. 22, 1935. Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	11-18-35
Acute dilatation of heart	11-22-35

Other contributory causes of importance:

108

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) Cabray Wortley, Acting Coroner, M. D.
(Address) 731 Faraon St. St. Joseph, Mo.