

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

Do not use this space.

DEC 19 1925

36588

1. PLACE OF DEATH

County..... Lewis..... Registration District No. 481
Township..... Primary Registration District No. 4290
City..... Lewistown..... (No., St. Ward)

2. FULL NAME

William Franklin 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 70 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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>Mammie Roberts</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 19, 1857</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>2</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Rural Carrier</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)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25 1935
22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1935 to Nov 25 1935
I last saw him alive on Nov 24 1935. Death is said to have occurred on the date stated above, at 1.30 P.M.
The principal cause of death and related causes of importance were as follows:
Apoplexy
ASB
Other contributory causes of importance:
Organic Heart Lesion

12. BIRTHPLACE (CITY OR TOWN)..... Lewistown.....
(STATE OR COUNTRY)..... Missouri
13. NAME Benson Roberts
14. BIRTHPLACE (CITY OR TOWN)..... Cincinnati.....
(STATE OR COUNTRY)..... Ky.
15. MAIDEN NAME Mary Blair
16. BIRTHPLACE (CITY OR TOWN)..... Penn......
(STATE OR COUNTRY).....
17. INFORMANT Mrs Mammie Roberts
(ADDRESS) Lewistown, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lewistown Mo DATE Nov. 27 1935
19. UNDERTAKER James A. Coder
(ADDRESS) Lewistown, Missouri
20. FILED Nov 25 1935 James A. Coder
Registrar.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....
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?.....
If so, specify.....
(Signed) W. H. McKey, M.D. M. D.
(Address) Russ Co. 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

