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.

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

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

FEB 18 1936

Do not use this space.

442

1. PLACE OF DEATH
County: Callaway
Township: Summit
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 109
Primary Registration District No. 5162

File No. .....
Registered No. 584

2. FULL NAME: John R. Roberson

(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 ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 5 1857

7. AGE: Years 85 | Months 0 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Jan 1933
11. Total time (years) spent in this occupation: 70

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

FATHER
13. NAME: Durell Roberson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

MOTHER
15. MAIDEN NAME: Jane Newman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

17. INFORMANT (ADDRESS): Jeff Newman Jebetts Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bull Cemetery DATE: 1/21 1936

19. UNDERTAKER (ADDRESS): Ray A. Holt New Bloomfield

20. FILED: Feb 10 1936 Emil Rush
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1935, to Jan 20 1936
I last saw him alive on Jan 19 1936. Death is said to have occurred on the date stated above, at 8-10 a.m.
The principal cause of death and related causes of importance were as follows:

Ischemia Heart Disease — Date of onset

Other contributory causes of importance:
Senility

Name of operation: — 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) Emil Rush, M. D.
(Address) New Bloomfield Mo