

MAR 16 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan,
Township.....
City St. Joseph,

Registration District No. 85
Primary Registration District No. 1001
(No. 1510 South 33rd.)

File No. 1628
Registered No. 172
St. Ward)

2. FULL NAME Alfred Goodman Roberts,

(a) Residence No. 1510 South 33rd. St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 61 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,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 19, 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 0 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Editor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Paper
10. Date deceased last worked at this occupation (month and year) February 1934 11. Total time (years) spent in this occupation. 30

12. BIRTHPLACE (CITY OR TOWN) Jacksonville,
(STATE OR COUNTRY) Illinois,

13. NAME John G. Roberts,
14. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Pennsylvania,

15. MAIDEN NAME Catherine Frazier,
16. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Pennsylvania,

17. INFORMANT Mrs. Alfred G. Roberts
(ADDRESS) 1510 South 33rd St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Zion Cem. DATE Feb'y 11, 1936

19. UNDERTAKER Heaton-Bellevue & Bouman
(ADDRESS) 319 So. 10th St. Funeral Home

20. FILED 2-10 19 36 John R. Benders
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 7th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15th, 1936, to Feb 7th, 1936
I last saw him alive on Feb 1st, 1936. Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

Syphilitic - Cerebrospinal Date of onset 6-1-35

Other contributory causes of importance:

Starvation

Name of operation None Date of.....
What test confirmed diagnosis? laboratory Was there an autopsy? No

23. If death was due to external causes (violent), 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? Yes
If so, specify Paul Jorgensen

(Signed) Paul Jorgensen, M. D.

(Address) St Joseph 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.

RECORD WITH OBTAINING INK—THIS IS A PERMANENT RECORD

