DEC 8 1936

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

Do not use this space.
25913-1

1. PLACE OF DEATH
County: Christian
Township: Chadwick
City: (No. St. Ward)
Registration District No.: 186
Primary Registration District No.: 5261A
File No.:
Registered No.:

2. FULL NAME: Alfred 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 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): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widower
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 8 1879
7. AGE: Years 56 Months 8 Days 4 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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

FATHER
13. NAME: Tom Roberts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT: John Harris
(ADDRESS): Chadwick Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Old Boston Cemetery DATE: July 13, 1936
19. UNDERTAKER: T. B. Chaffin
(ADDRESS): Ozark Mo.
20. FILED: Dec 8 1936 Ina Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 12 1936
22. I HEREBY CERTIFY That I attended deceased from July 8, 1936, to July 8, 1936
I last saw him alive on July 8, 1936. Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Hard mass in left lower abdomen probably cancerous no positive diagnosis	

Other contributory causes of importance:

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) R. R. Farthing, M. D.
(Address) Ozark Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is