

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

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.

UEG 30 1936

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

Do not use this space.

43477

1. PLACE OF DEATH

County Shelby Registration District No. 831
Township Black Creek Primary Registration District No. 4504
City Shelbyville (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

James Preston Roberts
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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>Peggy Roberts</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-21-1853</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>0</u>
	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo.

13. NAME Wm Thomas Roberts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo.

15. MAIDEN NAME Elizabeth Dunn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo.

17. INFORMANT (ADDRESS) Mrs. Peggy Roberts, Shelbyville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Edward cemetery DATE Nov-22-1936

19. UNDERTAKER (ADDRESS) E. P. Thompson, Shelbyville, Mo.

20. FILED Nov 21 1936 Reaf. Goe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-20-1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1936, to Nov-20, 1936
I last saw him alive on Nov-19, 1936 Death is said to have occurred on the date stated above, at 4:40 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Arterio Sclerosis
Date of onset ?

Other contributory causes of importance:
Arterio Sclerosis ?

Name of operation _____ Date of _____
What test confirmed diagnosis? None Was there an autopsy? N

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? N
If so, specify _____
(Signed) P. B. Archer, M. D.
(Address) Shelbyville, Mo.

