

FEB 17 1937

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

Do not use this space.

1945

## 1. PLACE OF DEATH

County Johnson  
Township Washington  
City Knob Noster Mo.Registration District No. 474  
Primary Registration District No. 5589File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Williams P. 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) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rebecca Brim Roberts6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-21-18727. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
64 10 138. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock man9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stallion Keeper10. Date deceased last worked at this occupation (month and year) this year 11. Total time (years) spent in this occupation 20 yrs12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.13. NAME George W. Roberts14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee15. MAIDEN NAME Jane Adams16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.17. INFORMANT W. H. Roberts  
(ADDRESS) Knob Noster Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Knob Noster DATE Jan-11-193719. UNDERTAKER C. L. Saults  
(ADDRESS) Knob Noster Mo.20. FILED Jan 20 1937 J. A. Koch  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-9-1937

22. I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ hrs. on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 9 P. m.

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

Myocarditis

Date of onset

Other contributory causes of importance:

Diabetes Mellitus

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? no 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) T. L. Bradley, M. D.(Address) Knob Noster Mo.

