

MAR 16 1937

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. 517 Virginia)

File No. 5182
Registered No. 266
St. _____ Ward _____

2. FULL NAME Hugh William Roberts

(a) Residence, No. 517 Virginia 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2, 1935

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 1 3 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) St. Joseph (STATE OR COUNTRY) Missouri

FATHER 13. NAME Glen Roberts

14. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Eva Hensley

16. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Glen Roberts (ADDRESS) 517 Virginia St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Auburn Cem. DATE March 1, 1937

19. UNDERTAKER Clark Hortuary (ADDRESS) 5025 King Hill Ave.

20. FILED 3-1 1937 AJ Neel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1937, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-15- 1937, to 2-28- 1937

I last saw him alive on 2-28- 1937. Death is said to have occurred on the date stated above, at 19 a.m.

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

Leber Encephalitis Date of onset 2-15-37

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Qu 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 _____, 1937

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) Dr. Wm. H. ... M. D.
(Address) 709 10 7th Street, Kelly

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.

