

APR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County HowardRegistration District No. 380File No. 12082

Township

Primary Registration District No. 4224Registered No. 8City New Franklin

St. _____ Ward)

2. FULL NAME Thomas J 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 <u>Male</u>	4. COLOR OF 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>Roberts</u> <u>Mrs Mollie Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12/13/1857</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>3</u>
	DAYS <u>5</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>Blacksmith</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) <u>1934</u>
	11. Total time (years) spent in this occupation <u>life</u>

12. BIRTHPLACE (CITY OR TOWN) New Franklin
(STATE OR COUNTRY) Mo13. NAME Wash Roberts14. BIRTHPLACE (CITY OR TOWN) New Franklin
(STATE OR COUNTRY) Mo15. MAIDEN NAME Wash16. BIRTHPLACE (CITY OR TOWN) New Franklin
(STATE OR COUNTRY) Mo17. INFORMANT Frank Roberts
(ADDRESS) New Franklin, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Beonville DATE 3/20/37 1919. UNDERTAKER C. A. Duncan
(ADDRESS) New Franklin, Mo.20. FILED 3-20- 1937 J. B. Best
Pr. City Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/18/37, 1922. I HEREBY CERTIFY, That I attended deceased from mar 11, 1937, to mar 18, 1937I last saw him alive on mar 18, 1937 Death is said to have occurred on the date stated above, at 3:30 pm.

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

apoplexy (cerebral haemorrhage) Date of onset 3-11-37Other contributory causes of importance: Hypertension unknown
myocarditis unknown

Name of operation _____ Date of _____

What test confirmed diagnosis? Paralysis Was there an autopsy? no23. 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? no

If so, specify _____

(Signed) W. G. Chamberlain, M. D.(Address) New Franklin, 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.

Handwritten text, possibly a signature or name, oriented vertically.

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