

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

Do not use this space.

JUN 17 1937

10610

1. PLACE OF DEATH

County Caldwell
Township Grant
City Polo (No. _____)

Registration District No. 99
Primary Registration District No. 4061

File No. _____
Registered No. _____
St. 2 Ward _____

2. FULL NAME Wm. A. 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>62</u>	<u>8</u>	<u>22</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

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 George Roberts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Sarah Newton

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

17. INFORMANT (ADDRESS) Don Roberts Polo Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Zimmerman DATE June 1 1937

19. UNDERTAKER (ADDRESS) Alsbaugh & Cowley Polo Mo.

20. FILED June 9 1937 Mrs Wylie Thompson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-30-1937

22. I HEREBY CERTIFY, That I attended deceased from May 27 1937, to May 30 1937. I last saw him alive on May 30 1937. Death is said to have occurred on the date stated above, at 12:30 P.M.. The principal cause of death and related causes of importance were as follows:

Intraabdominal Hemorrhage Date of onset May 27 1937
Fall & struck spleen May 19 1937

Other contributory causes of importance: Splenomegaly Polycythemia 1935
Renemia Feb 1 1937

Name of operation _____ Date of _____
What test confirmed diagnosis? Laboratory Was there an autopsy? No

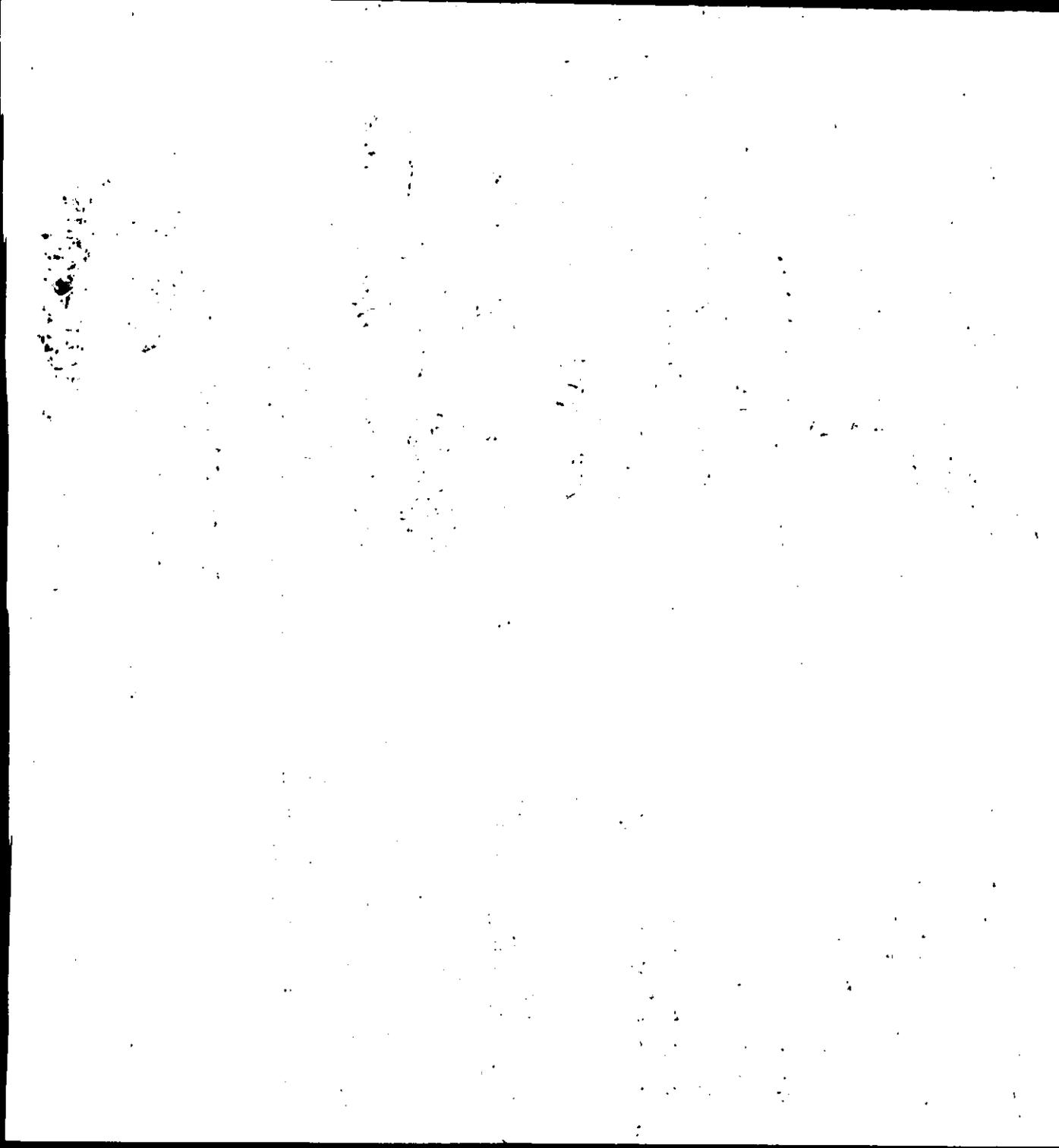
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury May 19, 1937. Where did injury occur? at his home (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. at home in Polo Mo

Manner of injury Fall
Nature of injury Struck & enlarged Spleen

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) E. H. Wilson, M. D.
(Address) Polo Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Caldwell
Township.....
City Palo (No.....)

Registration District No. 99
Primary Registration District No. 4061

File No. 19610
Registered No.....
St..... Ward.....

2. FULL NAME.....

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 8 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE June 1 1997

19. UNDERTAKER (ADDRESS)

20. FILED June 9 1997 Mrs Wylie Thompson Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-30 1997

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

Date of onset
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) C. H. Wilber M. D. (Address) Palo mo

SUPPLEMENTARY

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