

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

Do not use this space.

JUL 10 1937

1. PLACE OF DEATH

County Jackson
Township Jean
City Kennett (No. 1)

Registration District No. 399
Primary Registration District No. 1002

File No. 22858
Registered No. 22858
St. 1st Ward

2. FULL NAME

Ronald Roberts
(a) Residence, No. 4821 E. 8th 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 OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR <u>Divorced</u> (write the word) <u>single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 21 1936</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>7</u> | <u>28</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | <u>Infant</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 |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19-37

22. I HEREBY CERTIFY, That I attended deceased from
6-19-37 to 6-19-37
I last saw him alive on 6-19-37 Death is said
to have occurred on the date stated above, at 10:45 am

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

Interstitial Bronchitis
Pneumonia
(Primary) 107a

Date of onset

Other contributory causes of importance:

| | |
|---|---|
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | <u>Kennett</u> <u>Mo</u> |
| 13. NAME | <u>Edmund Roberts</u> |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | <u>Mo</u> |
| 15. MAIDEN NAME | <u>Alta Cole</u> |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | <u>Mo</u> |
| 17. INFORMANT (ADDRESS) | <u>Reuben Clark</u> <u>1002 E. 10th St. Kennett Mo</u> |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE | <u>St. Mary's Hill</u> DATE <u>6-21-37</u> |
| 19. UNDERTAKER (ADDRESS) | <u>Shepherd Funeral Home</u> |
| 20. FILED | <u>7/21 1937</u> <u>M. M. Browne</u> Registrar. |

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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) O. J. DeWanna M.D. M. D.
(Address) 1002 E. 10th St. Kennett 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 20314

**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 Jackson

Registration District No. 399

Township Kansas City

Primary Registration District No. 11002

City Kansas City (No. St. C. Gen Hosp)

File No. 22858

Registered No. _____

St. _____

Ward) _____

2. FULL NAME

(a) Residence, No. 4821 E 8th

St. _____

Ward. _____

(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 M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) D

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

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

7. AGE

YEARS

MONTHS 7

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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 _____

19.

19. UNDERTAKER (ADDRESS) _____

20. FILED _____

19. _____

Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1937

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 _____ 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) S. H. De Maria

M. D.

(Address) St. C. Gen Hosp

SUPPLEMENTARY

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.

858-22-5