

AUG 19 1937

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

Do not use this space.

26805

## 1. PLACE OF DEATH

County Caldwell  
Township Lincoln  
City Cowgill (No. \_\_\_\_\_)

Registration District No. 95  
Primary Registration District No. 3141

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

## 3. SEX

Male

## 4. COLOR OR RACE

White

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

Widowed

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

Frank Francis Roberts

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

May 26 - 1953

## 7. AGE

YEARS

84

MONTHS

1

DAYS

17

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

OCCUPATION

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

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)

Clayton, Ill.

FATHER

13. NAME Wm Roberts14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER

15. MAIDEN NAME Nancy Loumax16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

## 17. INFORMANT (ADDRESS)

Mrs Clara Orr  
Cowgill Mo

## 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

Cowgill Mo DATE July 6 1937

## 19. UNDERTAKER (ADDRESS)

Chas & L A Reed  
Cowgill Mo

## 20. FILED

July 10 1937 Mrs M W Forbes  
Registrar.

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 5th 1937

22. I HEREBY CERTIFY That I attended deceased from Feb - 1st 1937 to July 5th 1937

I last saw him alive on July 4 1937. Death is said to have occurred on the date stated above, at Clayton, Mo.

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

Chronic Nephritis

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) O C Kilbourn, M. D.

(Address) Cowgill, Mo.

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

