AUG 23 1937

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

Dr. Francis Camp

Do not use this space.

27228

1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No.

Township — Primary Registration District No. 2001 — Registered No. 582

City Springfield Mo. (No. St. John's Hospital St. Ward)

2. FULL NAME Ira J. Roberts

(a) Residence, No. Roubidoux Mo. 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: Male
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~~ Leona Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24 1903

7. AGE: ✓ YEARS 33 MONTHS 8 DAYS 20 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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) Wright Co. Mo.

FATHER

13. NAME Joseph Roberts

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

MOTHER

15. MAIDEN NAME —

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

17. INFORMANT (ADDRESS) Mrs. Leona Roberts Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE Liberty Cem. Roubidoux Mo. DATE July 16 1937

19. UNDERTAKER (ADDRESS) Alma Hohmeyer Springfield Mo.

20. FILED July 16, 1937 Chas. A. George Mo. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 — 1937

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1937, to July 14, 1937

I last saw him alive on July 14 1937. Death is said to have occurred on the date stated above, at 3:25 P.M.

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

| | Date of onset |
|---|---|
| Anterior Polio Myelitis | May 1937 |

Other contributory causes of importance: 16

Name of operation none Date of

What test confirmed diagnosis? Clinical 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, 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) Francis B. Camp, M. D.

(Address) Springfield

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.

WHITE PLAINE SMITH UNLADING INK—THIS IS A PERMANENT RECORD

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