SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 29772
Township Kaw — Primary Registration District No. 1002 — Registered No. 3466
City Kansas City, Mo. (No. 1921 Lister St. Ward)

2. FULL NAME Charles Roberson
(a) Residence, No. 1921 Lister 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 14, 1859

7. AGE 26½ — YEARS 77 — MONTHS 11 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

17. INFORMANT (ADDRESS) Mrs. Ida Nevins, 1921 Lister, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE Aug. 15 1937

19. UNDERTAKER (ADDRESS) C.H. Blackman & Son, Inc. 2825 Indep. Blvd. K.C.Mo.

20. FILED Aug 16, 1937 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1937 to Aug 11, 1937
I last saw h... alive on Aug 11, 1937 Death is said to have occurred on the date stated above, at 11:30 m. PM
The principal cause of death and related causes of importance were as follows:
Uremic Poisoning — Date of onset
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Other contributory causes of importance: Chronic Systis and Prostatitis.

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) J. W. Shultz, M. D.
(Address) 3026 - Walnut St.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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