

SEP 22 1937

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

Do not use this space.
31455
File No. 252
Registered No. 668

1. PLACE OF DEATH

County Pettis
Township _____
City Sedalia

Registration District No. 11
Primary Registration District No. 3032
(No. RFD # 4)

St. _____
Ward _____

2. FULL NAME Labron Roberts

(a) Residence, No. RFD # 4 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
94 8 0

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) Tenn.

13. NAME DK

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

15. MAIDEN NAME DK

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

17. INFORMANT Mrs. R. L. Bohon
(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Sept. 5, 1937

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.

20. FILED Sept 4, 1937 Jeann Slack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1937 to Sept 2, 1937.
I last saw him alive on Sept 2, 1937 Death is said to have occurred on the date stated above, at 4:30 P. M.

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

Sacro-vertebral
ABC
Chronic myocarditis
arteriosclerosis

Other contributory causes of importance:
Chronic myocarditis
arteriosclerosis

Name of operation none Date of _____
What test confirmed diagnosis? none 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? no
If so, specify _____
(Signed) Chas. W. ..., M. D.
(Address) ... 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.

