

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.

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

Do not use this space.

NOV 18 1937

1. PLACE OF DEATH

County Jay
Township How
City H. Co.

Registration District No. 399
Primary Registration District No. 1002

File No. 36927
Registered No. 42555
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward. Higginsville, Mo.
(If not resident, 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 Joy Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>71</u>	<u>62</u>	<u>11</u>	<u>7</u>	

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

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) Antioch Mo

13. NAME George W. Roberts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Mo

15. MAIDEN NAME Nannie Ethel Johns

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

17. INFORMANT (ADDRESS) Joy Roberts Higginsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Higginsville Mo DATE 10/24/37

19. UNDERTAKER (ADDRESS) Antioch Mo

20. FILED 10/29/37 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10 22 37, to 10 28 37

I last saw him alive on Oct 10 28, 1937 Death is said to have occurred on the date stated above, at _____ m.

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

Cerebrovascular Renal arteriosclerosis
Chronic nephritis

Other contributory causes of importance: 131

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) [Signature], M. D.
(Address) _____

