

DEC 15 1937

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

Do not use this space.

40804

1. PLACE OF DEATH

County CaldwellRegistration District No. 97

File No.

Township GrantPrimary Registration District No. 1

Registered No.

City

(No.)

St. Ward)

2. FULL NAME

(a) Residence, No.

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

MEDICAL CERTIFICATE OF DEATH

3. SEX

M.

4. COLOR OR RACE

Wh.

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

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

Mollie Roberts

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

Sept 22 - 1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

61029

OCCUPATION

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.

Farmer

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)

Mo

13. NAME

Jos Roberts

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

Mo Ill.

15. MAIDEN NAME

Sarah Newton

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

Mo

17. INFORMANT (ADDRESS)

Mrs Wm Roberts Polo Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Council DATE 10-27-37

19. UNDERTAKER (ADDRESS)

A. Pasquich & Crowley Polo Mo

20. FILED

Nov 20 1937 Mrs Wylie Thompson

Registrar.

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

Oct. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 11, 1937, to Oct 21, 1937I last saw him alive on Oct. 21, 1937 Death is saidto have occurred on the date stated above, at 2 P.M.

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

Coronary Thrombosis (arteriosclerosis) Date of onset Oct. 19, 1937Cerebral Embolism (Primary in Heart) Oct. 21, 1937

Other contributory causes of importance

Hypertrophic Prostate Year 20Generalized Arteriosclerosis Year 20Chronic Pyelonephritis (arteriosclerotic) Year 20

Name of operation

Date of

What test confirmed diagnosis?

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

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) J. E. Goldberger, M. D.(Address) Polo, Mo.

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

