

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

12299  
 Do not use this space.

REC'D APR 22 1938

1. PLACE OF DEATH  
 (a) County Clay Registration District No. 834  
 (b) Township Prake Primary Registration District No. 6097 Registered No. \_\_\_\_\_  
 (c) City Prake (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Willie Lee Roberts 163  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 1917

7. AGE YEARS 18 MONTHS 8 DAYS 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as 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) Mississippi

FATHER 13. NAME Alex Roberts  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

MOTHER 15. MAIDEN NAME Evaline Lillard  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) Alex Roberts  
Beel City R 7 D

18. BURIAL, CREMATION, OR REMOVAL PLACE Carpenter DATE May 31 1938

19. FUNERAL DIRECTOR (ADDRESS) H. G. Welch  
Archie M. M.

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Local Registrar \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Unattended, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ Death is said to have occurred on the date stated above, at 9:30 P. m.  
 The principal cause of death and related causes of importance were as follows:  
accident - struck by wind storm - house damaged - injury to head

Date of onset \_\_\_\_\_

Other contributory causes of importance: 187

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following:  
 Accident, suicide, or homicide Accident 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) John M. [unclear], M. D.  
 (Address) Woodward [unclear]  
75 [unclear]

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

*Body Not Embalmed*, Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

L. E. ....

No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed .....

*H. Welch*

Licensed Embalmer No. ....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

DEPT. OF OCCUPATIONAL SAFETY AND HEALTH  
BUREAU OF OCCUPATIONAL SAFETY AND HEALTH

STATE OF MICHIGAN  
DEPARTMENT OF OCCUPATIONAL SAFETY AND HEALTH  
BUREAU OF OCCUPATIONAL SAFETY AND HEALTH

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

12299

Do not use this space.

1. PLACE OF DEATH  
(a) County Stoddard Registration District No. 834  
(b) Township Pike Primary Registration District No. 6097 Registered No. 14.  
(c) City ..... (d) Street No. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Lee Roberts

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male  
4. COLOR OR RACE colored  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 1917  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
18 8 4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) McK 30 1938

22. I HEREBY CERTIFY, That I attended deceased from unattended, 19.....  
I last saw h..... alive on....., 19..... 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:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) .....  
11. Total time (years) spent in this occupation. ....

accident killed by wind storm house destroyed injury to head  
Other contributory causes of importance: 187'

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

13. NAME Alex Roberts  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

15. MAIDEN NAME Eveline Bell  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT (ADDRESS) Alex Roberts Red City R. 7 D

18. BURIAL, CREMATION, OR REMOVAL PLACE Cherokee DATE May 31 38

19. FUNERAL DIRECTOR (ADDRESS) J. F. Wesch Director

20. FILED ..... 19..... Local Registrar.

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 John Wilson, M. D.  
(Signed) Bloomfield  
(Address) .....

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

N. B.—Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give CAUSE OF DEATH in plain terms, so far as it may be properly classified. Exact statement of OCCUPATION is very important.

