REC'D MAY 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County: Callaway — Registration District No.: 104 — File No.: 14211

Township: Calwood Tp — Primary Registration District No.: 5157a — Registered No.: 85

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Sterling Price Roberts 113

(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 22 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	76	2	10	

OCCUPATION

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

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): NKO

11. Total time (years) spent in this occupation: NKO

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: Hugh J. Roberts

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

MOTHER

15. MAIDEN NAME: Martha J. Sacre

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

17. INFORMANT (ADDRESS): Haden Hoey, Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ebenezer Cemetery DATE: Apr 3, 1938

19. UNDERTAKER (ADDRESS): Lieb & Wallace, Fulton, Mo.

20. FILED: Apr 2nd 1938 R. N. Crews, Registrar. 106

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1938, to Death, 19..., I last saw him alive on About Feb. 1, 1938. Death is said to have occurred on the date stated above, at 7 AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	?
Carcinoma of Prostate	?

Other contributory causes of importance: 51-

Name of operation: none 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 ....., 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) John J. Brown M. D.
(Address) Fulton, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated exactly. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.