

REC'D MAY 6 1938

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

Do not use this space.

65860

1. PLACE OF DEATH  
 County St. Louis Registration District No. 784  
 Township St. Ferdinand Primary Registration District No. 200  
 City Roberson (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John Robey 100  
 (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 M. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mamie Robey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-20-1863

7. AGE YEARS 74 MONTHS 3 DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss. 1

13. NAME Dick Robey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss. 1

15. MAIDEN NAME Minnie Scott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss. 1

17. INFORMANT Mamie Robey  
 (ADDRESS) Roberson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 4-22-1938

19. UNDERTAKER Good Bros.  
 (ADDRESS) 2119 S. Kingshighway

20. FILED 4-19 1938 S. R. Meyer M.D. Del.  
 Registrar 707

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-17-38

22. I HEREBY CERTIFY, That I attended \_\_\_\_\_  
April 1938 to 4/17  
 I last saw him \_\_\_\_\_ alive on 4/15, 1938 Death \_\_\_\_\_  
 to have occurred on the date stated above, at \_\_\_\_\_ P. \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Prostatitis - Stricture of urethra - Uræmia  
Pneumonia  
93C  
 Other contributory causes of importance:  
Uræmia  
Chrom. Myocarditis

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) W. P. Archer \_\_\_\_\_, M. D.  
S. R. Meyer M.D. Del.

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.

