

REC'D JUN 14 1938

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

17775

Do not use this space.

551

1. PLACE OF DEATH

(a) County BuchananRegistration District No. 85

(b) Township

Primary Registration District No. 1006(c) City St. Joseph,(d) Street No. 5533 to 3rd

Registered No.

(e) Length of residence in city or town where death occurred 35 yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Edward Roberts 163(a) Residence, No. 5533 So. 3rd St.St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

Married (Use the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Belle Roberts
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1860.

7. AGE

YEARS

78

MONTHS

0

DAYS

1

If LESS than 1

day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc. Laborer.9. Industry or business in which work
was done, as saw mill, bank, etc. Packing House10. Date deceased last worked at
this occupation (month and
year) 192811. Total time (years) 30
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Gallatin, Mo.

FATHER

13. NAME William Roberts14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Gallatin, Mo.

MOTHER

15. MAIDEN NAME Irene F. Lawson.16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Unknown17. INFORMANT Herbert H. Roberts,
(ADDRESS) 5533 So. 3rd St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Mary DATE May 26, 193819. FUNERAL DIRECTOR Fred W. Clark(ADDRESS) 5025 High School Ave. St. Joseph, Mo.20. FILED 525 1938

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 193822. I HEREBY CERTIFY, That I attended deceased from
May 22, 1938, to May 22, 1938I last saw him alive on May 22, 1938 Death is saidto have occurred on the date stated above, at 11:30 P.M.

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

Ac MyocarditisDate of onset
5-22-38

Other contributory causes of importance:

Name of operation none Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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 noNature of injury no24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) I. A. Kearby, M. D.(Address) St. Joseph, Mo.

STATEMENT BY LICENSED EMBALMER

I, Fred D. Clark., Licensed Embalmer No. 1273

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

L. E.

No. 1273 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Fred D. Clark

Licensed Embalmer No. 1273

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.)