

REC'D JUN 22 1938

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

Do not use this space.

1. PLACE OF DEATHCounty St. Louis

Township

City Carrollton(No. 1)Registration District No. 477Primary Registration District No. 4286File No. 18725Registered No. 33St. 261 Ward**2. FULL NAME** William P. M. Roberts(a) Residence, No. 261

St.

Ward.

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.

(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 DIVORCED (write the word)**Widower**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**Widower**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**Jan 1 - 1848**7. AGE**93

YEARS

4

MONTHS

23

DAYS

If LESS than 1 day, hrs. or min.

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)**Nov 1 - 1937**11. Total time (years) spent in this occupation**life**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**St. Louis, Missouri**13. NAME**Hayden M. Roberts**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Kentucky**15. MAIDEN NAME**Freda Bruce**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Kentucky**17. INFORMANT (ADDRESS)**Wm. P. Roberts, 1111 North 1st St. St. Louis, Mo.**18. BURIAL, CREMATION, OR REMOVAL**

PLACE

Carrollton

DATE

5-26-1938**19. UNDERTAKER (ADDRESS)**W. J. Kelly, Carrollton, Mo.**20. FILED**5-26-1938A. W. Harris

Registrar.

MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** May 24, 1938**22. I HEREBY CERTIFY** That I attended deceased from July 17, 1937, to May 24, 1938I last saw him alive on May 21, 1938. Death is said to have occurred on the date stated above, at 10:30 p.m.The principal cause of death and related causes of importance were as follows:
Chronic Bronchitis

Date of onset

Other contributory causes of importance:

Name of operation none Date ofWhat test confirmed diagnosis? clinical Was there an autopsy?**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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) P. W. Jennings, M. D.(Address) Carrollton, Mo.430

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.

