

REC'D SEP 14 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

28314
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan

(b) Township

(c) City St. JosephRegistration District No. 85Primary Registration District No. 1001(d) Street No. St. Joseph's Hospital

(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

Donald Lee Roberts

(a) Residence, No.

St. ☐Halls, Missouri

(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 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 25, 1936

7. AGE

YEARS

2

MONTHS

0

DAYS

7

If LESS than 1

day, hrs.

or min.

OCCUPATION

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

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)

Wayne township
Missouri

FATHER

13. NAME

Ed Roberts

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

Wayne township
Missouri

MOTHER

15. MAIDEN NAME

Hanna Cross

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

Wayne township
Missouri

17. INFORMANT (ADDRESS)

Ed Roberts
Halls Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethel Cemetery DATE Aug. 4 1938

19. FUNERAL DIRECTOR (ADDRESS)

Clark Mortuary
5025 King Hill Ave.

20. FILED

8/141938H. H. Mathews

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2, 1938 1922. I HEREBY CERTIFY, That I attended deceased from Aug. 2 1938 to Aug. 2 1938I last saw him alive on Aug. 2 1938 at 7:30 P. Death is said to have occurred on the date stated above, at 7:30 P. m.

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

Cholera InfantumDate of onset
7-29-38

Other contributory causes of importance:

Dehydration
AcidosisName of operation none

Date of

What test confirmed diagnosis clinical Was there an autopsy? yes

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)

C. S. Grant M. D.85 (Address) 6307 King Hill Ave
St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Earl A. Clark, Licensed Embalmer No. 3476
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.
No. 3476 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Earl A. Clark

Licensed Embalmer No. 3476

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.)