

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.

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

Do not use this space.

RECD FEB 27 1939

3620

1. PLACE OF DEATH

County Randolph  
Township Superior  
City Moberly (No. 15)

Registration District No. 735  
Primary Registration District No. 3034

File No. \_\_\_\_\_  
Registered No. 7 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Robert Paul Roberts

(a) Residence, No. 491 E. Collins St., \_\_\_\_\_ Ward. (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 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) 11 Jan 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
15 15 15 15

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

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

13. NAME Paul Alford Roberts

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

15. MAIDEN NAME Therese Bettina Norton

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

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial Meals Cemetery DATE January 2, 1939

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED Jan 12 1939 Ethel Roberts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1939, to Jan 10, 1939

I last saw him alive on Jan 11, 1939. Death is said to have occurred on the date stated above, at 11 P. m.

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

Premature Birth (lived 15 min)

Other contributory causes of importance: 159

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 \_\_\_\_\_, 1939

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) H. C. Griffiths, M. D.

(Address) Moberly Mo

RECEIVED

District Health Officer No. 10

District File Number 10-89-193

Date Filed FEB 7 1939