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.

850 APR 12 1939

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

Do not use this space.

File No. 8613
Registered No. 2378

1. PLACE OF DEATH
County
Township People Hospital
City St Louis Mo (No. St. Ward)
Registration District No. 2832
Primary Registration District No.

2. FULL NAME Not named McROBERTS
(a) Residence, No. Rm 1 St., NR Ward. Defiance Mo
(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: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE: Years: Still born; Months; Days; If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
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) St Louis Mo

FATHER
13. NAME Ora McRoberts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Defiance Mo

MOTHER
15. MAIDEN NAME Julia Chandler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Defiance Mo

17. INFORMANT (ADDRESS) Ora McRoberts DEFIANCE Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Defiance Mo. DATE Mar 14, 1939
19. UNDERTAKER (ADDRESS) Muschany Bros. Hamburg Mo.
20. FILED MAR 13 1939 J. E. Budick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 11, 1939
22. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1939 to Mar 11, 1939
I last saw h. alive on Stillborn, 1939 Death is said to have occurred on the date stated above, at 3:50 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonic infection	
Streptococci infection	

Other contributory causes of importance: ✓

Name of operation Date of
What test confirmed diagnosis? Clinical + laboratory 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) James W. Duffy, M. D.
(Address) 2601A Washington