

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

Do not use this space.

11732

**1. PLACE OF DEATH**

County St. Louis  
Township  
City St. Louis (No. 1500)

Registration District No. 705  
Primary Registration District No. 705

File No. 3580  
Registered No. 3580 Ward

**2. FULL NAME**

Arthur Roberts

(a) Residence, No. 406 N. 13th St. 25 Ward.

(Usual place of abode) Length of residence in city or town where death occurred 1 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 M 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) 6-14-1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>9</u>	<u>14</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Theodore Roberts

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Georgia

12. MAIDEN NAME OF MOTHER Marie Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn

14. INFORMANT G. Warner (Address) C.H. 7050 Kings Highway

15. FILED May 31 1928 REGISTRAR U. L. Beal

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1928

17. I HEREBY CERTIFY, That I attended deceased from 3-23, 1928, to 3-28, 1928 that I last saw h.i.m. alive on 3-28-28, 1928, and that death occurred, on the date stated above, at 1:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis  
23 AD (duration) yrs. 2 mo. (?) da.  
CONTRIBUTORY Tuberculous Bronchopneumonia - Secondary (duration) yrs. mos. 14 da.

18. WHERE WAS DISEASE CONTRACTED Home  
IF NOT AT PLACE OF DEATH, DATE OF

19. DID AN OPERATION PRECEDE DEATH? no DATE OF  
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Phy Expt Pat Mat  
(Signed) Arnold C. Bond, D.  
3/28, 1928 (Address) State Children's H.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenwood DATE OF BURIAL March 31 1928

20. UNDERTAKER U. L. Beal ADDRESS 2726 Lucas

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.

RECORD

