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

Do not use this space.

17214

1. PLACE OF DEATH
County Bates — Registration District No. 50 — File No.
Township — Primary Registration District No. 3004 — Registered No. 28
City Butler (No. ..., ... St. ... Ward)

2. FULL NAME C. Marbelty Robertstal
(a) Residence. No. Archie Mo. St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
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: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 19, 1908

7. AGE: Years 20 — Months 10 — Days 8 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Employee of Irving Pitt Mfg Co
(b) General nature of industry, business, or establishment in which employed (or employer): Kansas City Mo
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Archie Mo

PARENTS
10. NAME OF FATHER: T. J. Roberts
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Gentry County Mo.
12. MAIDEN NAME OF MOTHER: Bessie Peer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Main City Mo

14. INFORMANT: T. J. Roberts
(Address): Archie Mo.

15. FILED 5/18 1929 Nina L Culver, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 17 1929

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1929, to May 17, 1929, that I last saw h. ... alive on May 17, 1929, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-pneumonia
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY): Chr. Malaria
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Carter H. Luter, M. D
5/18, 19 (Address) Adrian, Mo.

*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: Everett, Mo. — DATE OF BURIAL: May 19 1929

20. UNDERTAKER: W. E. Leonard — ADDRESS: Archie Mo.

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.