

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

Do not use this space.

40645

PLACE OF DEATH

County St. Louis,
Township Caruthersville
City Jefferson Brks., Mo.

Registration District No. 1123
Primary Registration District No. 6248 B,
(No. U.S. Veterans Hospital, Jefferson Brks., Mo.)

File No. _____
Registered No. 423
Ward _____

2. FULL NAME Frank D. Roberts

(a) Residence. No. Caruthersville, 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 un yrs. kn mos. OWN 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 Single. (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29, 1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	38	5	25	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Caruthersville, Mo.
(STATE OR COUNTRY) Missouri.

10. NAME OF FATHER Frank D. Roberts.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dyersburg,
(STATE OR COUNTRY) Tennessee.

12. MAIDEN NAME OF MOTHER Sallie Cunningham.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tiptonville,
(STATE OR COUNTRY) Tennessee.

PARENTS

14. INFORMANT C. H. Smith, Clinical Director,
(Address) U.S. Veterans Hospital, Jefferson

15. Barracks, Mo.
FILED 1220 1930 L. C. Brock
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 24, 1930

17. I HEREBY CERTIFY, That I attended deceased from _____
December 20, 1930 to December 24, 1930
that I last saw him alive on December 24, 1930 and that death occurred, on the date stated above, at 3:25 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis with Hypertrophy & Dilatation.

931
931
9013
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) _____
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, Unknown.

() DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? Yes.
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy, physical & Laboratory findings.

(Signed) [Signature] Medical Officer in Charge
, 19 1930 (Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Caruthersville, Mo. DATE OF BURIAL 12/25/30

20. UNDERTAKER Chapman & Co. ADDRESS 7814 Poshway

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.

MAILED 22 1930

