

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

Do not use this space.

19568

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis, Mo (No. Trises North)

File No. ....

Registered No. **5525**

St. .... Ward

**2. FULL NAME**

Thomas M. Roberts

(a) Residence. No. Paola Kansas St. 12 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. ds. 9 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)**

Widowed

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

Lizzie

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Unknown

**7. AGE at DEATH**

68

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Crossing Flagman

(b) General nature of industry, business, or establishment in which employed (or employer) St. Louis San

(c) Name of employer Francisco R.R.

**9. BIRTHPLACE (CITY OR TOWN)**

Mo

(STATE OR COUNTRY)

**10. NAME OF FATHER**

Jessie Roberts

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Mo

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

Artie Clifton

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Mo

(STATE OR COUNTRY)

**14. INFORMANT**

M & English  
(Address) 602 Baden Ave, St. Louis Mo

**15. FILED**

12, 1953

May C. Stanley  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** May 11 1931

**17. I HEREBY CERTIFY, That I attended deceased from** 5-3

1931, to 5-11, 1931

that I last saw him alive on 5-11, 1931, and that death occurred, on the date stated above, at 3:25 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of  
Stomach

**CONTRIBUTORY (SECONDARY)**

460B (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, Paola, Kansas.

**19. DID AN OPERATION PRECEDE DEATH?** No DATE OF -

**20. WAS THERE AN AUTOPSY?** No

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) M & English, M. D.

5-11 1931 (Address) 496 S. Laclede St. Louis, 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**

Calool, Mo

**DATE OF BURIAL**

5/12 1931

**20. UNDERTAKER**

White Funeral Home, St. Louis, Mo.

**ADDRESS**

6633

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.

