

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

Do not use this space.

33468

1. PLACE OF DEATH
County ADAIR Registration District No. 4
Township KIRKSVILLE MO Primary Registration District No. 3001
City KIRKSVILLE MO (No. ELLIS STICKLER HOSPITAL) St. Mo. Ward 164

File No. _____
Registered No. 164
St. _____ Ward _____

2. FULL NAME ELVIN DONALD ROBERTS
(a) Residence, No. R R KIRKSVILLE 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. 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 (write the word) CHILD
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CHILD

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 18th 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 5 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
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) ADAIR CO MO

MOTHER 13. NAME E ALVIN ROBERTS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ADAIR CO MO

15. MAIDEN NAME DOLLIE DEAR

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ADAIR CO MO

17. INFORMANT (ADDRESS) E D Roberts
KIRKSVILLE MO

18. BURIAL, CREMATION, OR REMOVAL PLACE CENTER CHURCH CEMETERY DATE 10-6-31

19. UNDERTAKER (ADDRESS) Davis Johnson
KIRKSVILLE MO

20. FILED Oct 15, 1931 Mrs C. H. Becker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 5 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1931, to Oct 5, 1931
I last saw him alive on Oct 5, 1931. Death is said to have occurred on the date stated above, at 11:10 a.m.
The principal cause of death and related causes of importance were as follows:

Intestinal toxificosis Date of onset 11/9/31
Other contributory causes of importance: none
Name of operation none Date of _____
What test confirmed diagnosis? none 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? no
If so, specify _____
(Signed) R. R. Ellis, M. D.
(Address) Kirkville, Mo.

DEC 31 1931

This certificate is not valid unless countersigned by a physician who has attended the deceased.

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