

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

Do not use this space.

37284

**1. PLACE OF DEATH**

County DeWitt  
Township Spring Creek  
City Salem, Mo.

Registration District No. 266  
Primary Registration District No. 3-370

File No. \_\_\_\_\_  
Registered No. 63-  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ 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) Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know

7. AGE 75 YEARS MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work County Farm Inmate  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Tenn.  
(STATE OR COUNTRY)

**PARENTS**  
10. NAME OF FATHER Base Roberts  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn.  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Don't know  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY)

14. INFORMANT John Gibba,  
(Address) Salem, Mo.

15. FILED 11/7 1931 H. E. Rusch, Jr., M.D.  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-6-1931

17. I HEREBY CERTIFY, That I attended deceased from 8-10-1931, to 11-6-1931, that I last saw him alive on 11-5-1931, and that death occurred, on the date stated above, at 8-9 m.

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

Heart trouble (Fibrillation)  
old age  
CONTRIBUTORY (SECONDARY) old age  
(duration) 2 yrs. 0 mos. 0 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Usual symptoms  
(Signed) S. W. Downey, M. D.  
11/7 1931 (Address) Salem 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 Stone Hill Cem DATE OF BURIAL 11-7 1931

20. UNDERTAKER J. Dr. Hobson ADDRESS Salem, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DEC 21 1931

