

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.

APR 30 1932

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

Do not use this space.

11424

1. PLACE OF DEATH
 County Washington Registration District No. 899
 Township Washington Primary Registration District No. 4206
 City (No.) St. Ward

2. FULL NAME Henry Robert
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annie Doran Robert</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 25, 1849</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>6</u>
	DAYS <u>26</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc.	
	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)	<u>France</u> 9	
FATHER	13. NAME <u>Adrian Robert</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>	
MOTHER	15. MAIDEN NAME <u>Hertma</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>	
17. INFORMANT <u>Manie H. Meyer</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mane Field</u> DATE <u>3/22</u> 19 <u>32</u>		
19. UNDERTAKER <u>Thos M. Mahan</u> (ADDRESS)		
20. FILED <u>4-7</u> 19 <u>32</u> <u>And R. Whitson</u> Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1932 to March 21, 1932
 I last saw him alive on March 21, 1932. Death is said to have occurred on the date stated above, at 3 a. m.
 The principal cause of death and related causes of importance were as follows:
died unattended
Cerebral Paralysis
82 D
 Other contributory causes of importance:
82 D
 Name of operation 82 D Date of 82 D
 What test confirmed diagnosis? 82 D Was there an autopsy? 82 D

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? _____
 If so, specify _____
 (Signed) J. P. Suel Reg, M. D.
 (Address) Mancheild Mo

