

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

Do not use this space.

31977

1. PLACE OF DEATH
 County Irene Registration District No. 318
 Township Springfield Primary Registration District No. 2001
 City Springfield (No. 1611 C. Thomas)
 2. FULL NAME James J. Roberts St. _____ Ward _____
 (a) Residence, No. 1611 C. Thomas St. _____ Ward _____
 (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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stella Roberts
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25-1889
 7. AGE YEARS 42 MONTHS 9 DAYS 14 If LESS than 1 day,hrs. ormin.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 172
 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) Mo 1
 13. NAME James N. Roberts
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 2
 15. MAIDEN NAME Mary G. Jorgus
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1
 17. INFORMANT Lang Wardell (ADDRESS) Springfield, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Dutton Cemetery DATE Oct 11 1932
 19. UNDERTAKER (ADDRESS) Willingness & Co. Springfield, Mo.
 20. FILED 10-11-32 Robert W. Sangster Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9 1932
 22. I HEREBY CERTIFY, That I attended deceased from July 1932, to Oct 9 1932, 19.....
 I last saw im alive on Oct 8 1932, 19..... Death is said to have occurred on the date stated above, at 4.10 A.M
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Neck 6/1/32 Date of onset
 Other contributory causes of importance: ①
 Name of operation Biopsy of Gland Date of
 What test confirmed diagnosis? 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 W. M. Taylor M. D.
 (Signed) W. M. Taylor M. D.
 (Address) Springfield Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

KAY 2 3 1932

