

NOV 9 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
 Township Marion
 City (No. ; St. Ward)

Registration District No. 408
 Primary Registration District No. 5562

File No. 36369
 Registered No.

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. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Henrietta Edward Roberts

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-22-1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 4 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant
 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) Jasper County Missouri

13. NAME Virgil Roberts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buttram Co. - Mo

15. MAIDEN NAME Olava Holland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chitopa Co., Kans

17. INFORMANT Virgil Roberts
 (ADDRESS) Earthage Mo R-4

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Worley Cemetery DATE Oct. 26 1934

19. UNDERTAKER Wm. Drake
 (ADDRESS)

20. FILED Oct 26 1934 S. B. Clinton
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-25-1934

22. I HEREBY CERTIFY, That I attended deceased from 10-22, 1934, to 10-25, 1934

I last saw him alive on 10-22, 1934 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 10-25-34
NOB
NOB
 Other contributory causes of importance:
Hypertonia

Name of operation 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?

If so, specify

(Signed) W. B. Boyd, M. D.

(Address) Earthage Missouri

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.

