

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.

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

Do not use this space.

DEC 22 1934

40623

1. PLACE OF DEATH
 County St. Louis County Registration District No. 790
 Township Central Primary Registration District No. 6033
 City Clayton (No. St. Louis County Hospital St. Ward)

File No.
 Registered No. 378

2. FULL NAME William Roberts
 (a) Residence, No. 20 Kinloch 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 col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs H Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28 - 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 1 14

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. Labor

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) Ky.

13. NAME Wm. Roberts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Hattie B. Roberts
 (ADDRESS) 27 N. Compton Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Metropolis Ill DATE Nov 18 1934

19. UNDERTAKER Englehard and Co.
 (ADDRESS) 2931 Cass Ave

20. FILED 11/17 1934 Robert J. Ambush
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/12/34 1934

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

I last saw him alive on 1934. Death is said to have occurred on the date stated above, at m.

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

Gun-shot wound, with revolver thru rt hand, shattering bones in lower left leg, complete gangrene lower l. leg and also rt. hand, plus septicemia. Was shot by an officer Date of onset

Other contributory causes of importance: on 10/29/1934 and died 11/12/34, at St. Louis County hospital.

Name of operation Coroner's view Date of
 What test examined diagnosis? Was there an autopsy? NO

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 1934
 Where did injury occur? Carriage at McCaffrey Res. (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) Jula B. Timmon "11/19/34" M.D.
 (Address) 3718 Dunwoody, Rd.

 Co., Mo.

Verdict of Jury: We the jury find that this man,
came to his death from a gun shot wound, through
a fight and the case be held over for Grand jury.

AUG 23 1945