

SEP 25 1935

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

Do not use this space.

30263

1. PLACE OF DEATH

75 County Oregon
Township Highland
City Neach (No. St. Ward)

Registration District No. 634
Primary Registration District No. 6887

File No.
Registered No.

2. FULL NAME

Walter Roberts

(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 23 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 Viola Trantham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 20 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 6 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Aug. 10, 1935 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

13. NAME

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

15. MAIDEN NAME ?

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

17. INFORMANT (ADDRESS) Eli Trantham

18. BURIAL, CREMATION, OR REMOVAL

PLACE Golff Cem DATE Sept. 7 1935

19. UNDERTAKER (ADDRESS) none

20. FILED Sept 8 1935 Lucinda Snood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6 1935 to Sept. 6 1935

I last saw him alive on Sept 6, 1935 Death is said

to have occurred on the date stated above, at 22.0 p.m.

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

Septicemial Dysentery
Following Myocardial
Infarct Date of onset

Other contributory causes of importance:

absen

Name of operation none Date of

What test confirmed diagnosis? absent Was there an autopsy? no

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

(Signed) A. R. Keen, M. D.

(Address) 1212 1/2 Main, Mpls

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.

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

