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.

MAY 31 1937

1. PLACE OF DEATH

96 County Saint Louis — Registration District No. 1123 — File No. 17618

Township [illegible] — Primary Registration District No. 6248 B — Registered No. 173

City Jefferson Barracks (No. VETERANS FACILITY St. Ward)

2. FULL NAME Dewey C. ROBERSON

(a) Residence, No. 1474 Belmont Avenue St., Ward. East Saint Louis, Illinois
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred unkn. 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: Mrs. Anita Roberson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 28, 1899

7. AGE: YEARS 37 — MONTHS 6 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: E. Saint Louis, Ill. Murphy Bldg. East

10. Date deceased last worked at this occupation (month and year): About 4-13-37

11. Total time (years) spent in this occupation: 5 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boxville Kentucky

FATHER

13. NAME: Charles U. Roberson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morganville, Kentucky

MOTHER

15. MAIDEN NAME: Elizabeth Carrier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morganville, Kentucky

17. INFORMANT (ADDRESS): M. Schelling Clinical Clerk VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: EAST ST. LOUIS ILL DATE: 4-24-1937

19. UNDERTAKER (ADDRESS): C. HOFFMEISTER U & L Co 7814 So. Broadway

20. FILED: April 22, 1937 G. Maury Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1937, to April 22, 1937

I last saw him alive on April 22, 1937. Death is said to have occurred on the date stated above, at 10:50 m. AM

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

	Date of onset
Nephritis, chronic, with marked retention of nitrogen and edema.	Unkn.

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Other contributory causes of importance: None

Name of operation: None Date of

What test confirmed diagnosis? Phy. clinical manif. and laboratory 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?

If so, specify

(Signed) C. W. HUGHES, Chief Med. Officer, M. D.

(Address) VAF Jefferson Barracks, Mo.