

REC'D NOV 5 1938

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

Do not use this space.

36136

1. PLACE OF DEATH
55 County St. Louis Registration District No. 469
Township Lincoln Primary Registration District No. 563d
City (No. 1103)

File No. _____
Registered No. 15 St. _____ Ward _____

2. FULL NAME Lee Allen Roberts
(a) Residence, No. Miller 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12-1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy E Roberts

22. I HEREBY CERTIFY, That I attended deceased from Oct 3rd, 1938, to Oct 6th, 1938
I last saw him alive on Oct 6th, 1938. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-22-1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 10 20

Chronic Interstitial nephritis
the date of onset according to history several years duration

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. of home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. several years
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: 151

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

MOTHER 13. NAME Wade Roberts

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Wail

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Ely Roberts
(ADDRESS) 208 Stone Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Webb DATE 10-14-1938

19. UNDERTAKER Morris & Leiman
(ADDRESS) Miller Mo.

20. FILED 11-1 1938 38 Burney Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? Urening 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) L. J. Holmes, M. D.
(Address) Miller Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-427

Date Filed 11/2/38