

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

Do not use this space.

87

1. PLACE OF DEATH
County Barry Registration District No. 90 File No.
Township Month Primary Registration District No. 3003 Registered No. 20
City J. L Roberts St. Ward)

2. FULL NAME J. L 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|----------------------------------|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u> |
|-----------------------|----------------------------------|--|

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF W. J. Roberts

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

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-----------|-----------|-----------|----------------------------------|
| | <u>78</u> | <u>11</u> | <u>16</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) ..
(c) Name of employer ..

9. BIRTHPLACE (CITY OR TOWN) Barry, Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER J. Roberts

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Barry
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER W. K. Keener

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Barry, Missouri
(STATE OR COUNTRY)

14. INFORMANT Mrs J. L Roberts
(Address)

15. FILED 1-31, 1929 W. M. Wiat
REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-29 1929

17. I HEREBY CERTIFY That I attended deceased from Dec 15, 1928, to Jan 29, 1929 that I last saw him alive on Jan 23, 1929, and that death occurred, on the date stated above, at 11:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Bronchitis
(duration) yrs. 6 mos. 6 ds.
CONTRIBUTORY Acute exacerbation of
(SECONDARY) Bronchitis (duration) yrs. 1 mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF ..
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings.
(Signed) Conest Mitchell, M. D.
, 19 (Address) Month Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Hill Cemetery DATE OF BURIAL 1/31 1929

20. UNDERTAKER H. H. Bradford ADDRESS Month

1929
5
4
4

... applied. AGE should be stated and state ...
 ... it may be properly classified. Exact statement of OCCUPATION is very important.

1
2
2
1

... should be stated and state ...
 ... it may be properly classified. Exact statement of OCCUPATION is very important.

may be involved. AOR should be stated. b6 b7C b7D

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Barry
Township
City Monett (No.)

Registration District No. 30
Primary Registration District No. 3003

File No.
Registered No. 20
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 13, 1852

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|-----------|-----------|-----------|------|--|
| <u>78</u> | <u>11</u> | <u>16</u> | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work (duration) yrs. mos. ds.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14.

INFORMANT (Address)

15.

FILED 1-31-29 Wm. West REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 - 1929

17. I HEREBY CERTIFY That I attended deceased from 19..... that I last saw h..... alive on 19..... and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D. , 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S statement of OCCUPATION is very important. REGISTRAR SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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