

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

Do not use this space.

1. PLACE OF DEATH

County Barnes Registration District No. 38
 Township White River Primary Registration District No. 0-0-55
 City Golden Mo (No. 5054) St. _____ Ward _____

File No. 9 15675
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Golden 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 50 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 Paulina Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 11 29

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

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) _____ 11. Total time (years) spent in this occupation. 34

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Golden Mo

13. NAME John W. Roberts

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

15. MAIDEN NAME Mary Hubert

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

17. INFORMANT (ADDRESS) Frank Roberts, Bush, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wasey Cem. DATE May 30 1934

19. UNDERTAKER (ADDRESS) W. C. Cassville, Mo.

20. FILED 5/9 1934 Emma Wadsworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from May 20 1934, to May 20 1934

I last saw him alive on May 20 1934 Death is said to have occurred on the date stated above, at 2:45 p.m.

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

Carcinoma of Liver Date of onset _____

Other contributory causes of importance: 46

Name of operation _____ Date of _____
 What test confirmed diagnosis? 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 _____, 1934

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 None
 (Signed) Glenn H. Salzer M. D.
Cassville Mo. (Address)

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

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