

13218

## 1. PLACE OF DEATH

County MuhlenbergVot. Pat. Penrad

Inc. Town \_\_\_\_\_

City Belton Ky.Registration District No. 1090Primary Registration District No. 2867(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Henry Franklin Roberson(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 M. 4. COLOR OR RACE W 5. Single, Married, Widowed  
Married (write the word)5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH Nov 5 18647. AGE Years Months Days If LESS than  
80 5 3 1 day.....hrs.  
or.....min.8. Trade, profession, or particular  
kind of work done, as splaner,  
sawyer, bookkeeper, etc.9. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc. Farmer.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE Muhlenberg Co13. NAME F. E. Roberson14. BIRTHPLACE Muhlenberg, Ky.15. MAIDEN NAME Doxie Stumber16. BIRTHPLACE Muhlenberg Ky.17. INFORMANT H. E. Roberson(Address) Belton Ky.

## 18. BURIAL CREMATION OR REMOVAL

Place Belton Date 5-11-193519. UNDERTAKER J. K. [unclear](Address) [unclear]20. FILED May 4 1935  
Miss B. GraycraftState Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 3, 193522. I HEREBY CERTIFY, that I attended deceased from  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ death is said  
to have occurred on the date stated above, at 3 a. m.  
The principal cause of death and related causes of importance  
in order of onset were as follows:Myocarditis Date of onset \_\_\_\_\_Contributory causes of importance not related to  
principal cause:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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.at home

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of

deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) Lennie Bryan M. D.(Address) Central City Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITHOUT UNFADING INK—This IS A PERMANENT RECORD. Every item of information should be carefully supplied in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.