MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. [illegible]

Registered No. 24

1. PLACE OF DEATH

Railroad [illegible]

Registration District No. 1311

Primary Registration District No. 7835

Logan Hospital, Logan W. Va.

2. FULL NAME Hobert Lee Roberts

Residence. No. Jennings Ky.

HO 18035

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed or Divorced
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clemmie Roberts

6. DATE OF BIRTH June 29, 1896

7. AGE Years	Months	Days
38	5	7

8. Trade, profession, or particular kind of work done: Farming

12. BIRTHPLACE Rowan Co. Ky.

13. NAME (Father) John W. Roberts

14. BIRTHPLACE Kentucky

15. MAIDEN NAME (Mother) Lizzie Hayes

16. BIRTHPLACE Ky.

17. INFORMANT John T. Roberts

Address Christian [illegible]

18. BURIAL, CREMATION, OR REMOVAL

Place Jones [illegible] Date Dec. 7. 1934

19. UNDERTAKER A. B. [illegible]

Address [illegible] W. Va.

20. FILED 12/10 [illegible] 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24 1934 to Dec. 6 1934

I last saw him alive on Dec. 6 1934; death is said to have occurred on the date stated above, at 3:30 P. m.

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

Ruptured appendix
Colon, into Pelvic
[illegible]
[illegible] 21 days
[illegible]

Other contributory causes of importance not related to principal cause:

Pulmonary Edema
[illegible]

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? [illegible] Was there an autopsy? [illegible]

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? [illegible] Date of injury [illegible]

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?

[illegible] If so, specify

(Signed) M. [illegible] M. D.

(Address) Logan Hospital
Logan, W. Va.