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

Do not use this space.

13732

MAY 23 1929

1. PLACE OF DEATH
County Andrew
Township Rochester.
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 16
Primary Registration District No. 5020

File No. .....
Registered No. 16

2. FULL NAME Marion E. 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 1 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 Bessie .Roberts

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29-1891

7. AGE: 37 YEARS, 9 MONTHS, 16 DAYS. If LESS than 1 day, ... hrs. or ..... min.

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 Self

9. BIRTHPLACE (CITY OR TOWN) Rochester mo
(STATE OR COUNTRY) Andrew Co

PARENTS

10. NAME OF FATHER George Roberts Sr.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dontknow.
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Rose Kum.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont know
(STATE OR COUNTRY) Iowa.

14. INFORMANT Mrs Bessie Roberts
(Address) Helena Mo.

15. FILED Apr 16 1929 Mrs Bettie Boggess REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 15th 1929

17. I HEREBY CERTIFY, That I attended deceased from April 15th 1929, to April 15th 1929 that I last saw him alive on April 15 1929, 19....., and that death occurred, on the date stated above, at 9 P M 1929 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Over dose of Paris Green for suicidal purpose.
163 A
(duration) nine hours yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Despondency
(duration) A few weeks yrs. mos. ds.

165

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Vomited paris Green
(Signed) B L Allen on own statement, M. D.
April 15 1929 (Address) B L Allen

*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: Savannah Mo
DATE OF BURIAL: Apr 17 1929

20. UNDERTAKER: J L Stingley
ADDRESS: St Joseph Mo

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

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.