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

Do not use this space.

225

File No. 85

Registered No. 68

Registration District No. 1001

Primary Registration District No.

1. PLACE OF DEATH

County Buchanan

Township

City St. Joseph, (No. 719 North 25th. St. Ward)

2. FULL NAME Jesse Ingram Roberts,

(a) Residence. No. 719 North 25th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 4 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 2, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	73	4	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Merchant,

(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale Grocery

(c) Name of employer

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

PARENTS

10. NAME OF FATHER James C. Roberts,

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

12. MAIDEN NAME OF MOTHER Cornelia Ingram,

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

14. INFORMANT Mrs. J. L. Roberts
(Address) 719 North 25th. Street,

15. FILED Jan 17 1930 John L. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Jany 10, 1930, to Jany 15, 1930 that I last saw him alive on Jany 15, 1930, and that death occurred, on the date stated above, at 11:48 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Dementia
97
162
(duration) about 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Arterial Sclerosis
(duration) several years yrs. mos. ds.

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? Clinical

(Signed) B. T. Quigley, M. D.

Jan 16, 1930 (Address) St. Joseph 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	DATE OF BURIAL
Richardson Vault Mount Mora Cem.	Jan. 17, 1930
20. UNDERTAKER	**ADDRESS**
Heaton-Bessolo-Bowman Funeral Home	319 S. 10 St.

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

[illegible] ngberg
[illegible] 15 dg