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.

SEP 27 1932

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

Do not use this space.

28141

1. PLACE OF DEATH

97 County Saline — Registration District No. 796

Township Marshall — Primary Registration District No. 6039

City ..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Jessie Hamilton 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 yrs. mos. 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 Mary Jane Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8, 1885.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
46	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

FATHER

13. NAME Francis M. Roberts

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

MOTHER

15. MAIDEN NAME Lucy Figgins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va. 2

17. INFORMANT (ADDRESS) Kathryn Roberts Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ridge Park DATE Aug. 10 1932

19. UNDERTAKER (ADDRESS) R. W. Campbell Marshall, Mo.

20. FILED 8-27 1932 A. C. Putnam Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 8, 1932

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ Held inquest Aug. 8, 1932, to ✓, 19....

I last saw h ✓ alive on ✓, 19 ✓ Death is said to have occurred on the date stated above, at 6 A m.

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

Suicide, by rifle bullet in breast.

167 167

Date of onset

Other contributory causes of importance: ✓

(5)

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 Suicide Date of injury 8-8, 1932

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury ✓

Nature of injury ✓

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

If so, specify ✓

(Signed) B. C. Bradshaw Cor., M. D.

(Address) Arrow Rock, Mo.