

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

Do not use this space.

6148

1. PLACE OF DEATH  
 County Lrene Registration District No. 318  
 Township Springfield Primary Registration District No. 2001  
 City Springfield (No. 1613 E. Thomas)  
 Registered No. 115 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James N. Roberts  
 (a) Residence. No. 1613 E. Thomas 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 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 Mary E. Roberts  
1842

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 8 - 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
86 8 5 24

8. OCCUPATION OF DECEASED Retired Farmer  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

10. NAME OF FATHER Zachariah Roberts

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. J. N. Roberts  
 (Address) Springfield, Mo.

15. 2/4 29 O. C. Horst Mo  
 FILED REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-2-1929

17. I HEREBY CERTIFY, That I attended deceased from 1-20-1929 to 2-2-1929  
 that I last saw him alive on 2-1-1929, and that death occurred, on the date stated above, at 3 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Senility  
1621  
164  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.  0  
 DID AN OPERATION PRECEDE DEATH. No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Chemical  
 (Signed) D. F. Fenn, M. D.  
2/2, 1929 (Address) Springfield 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 Datson Cemetery DATE OF BURIAL Feb 7, 1929

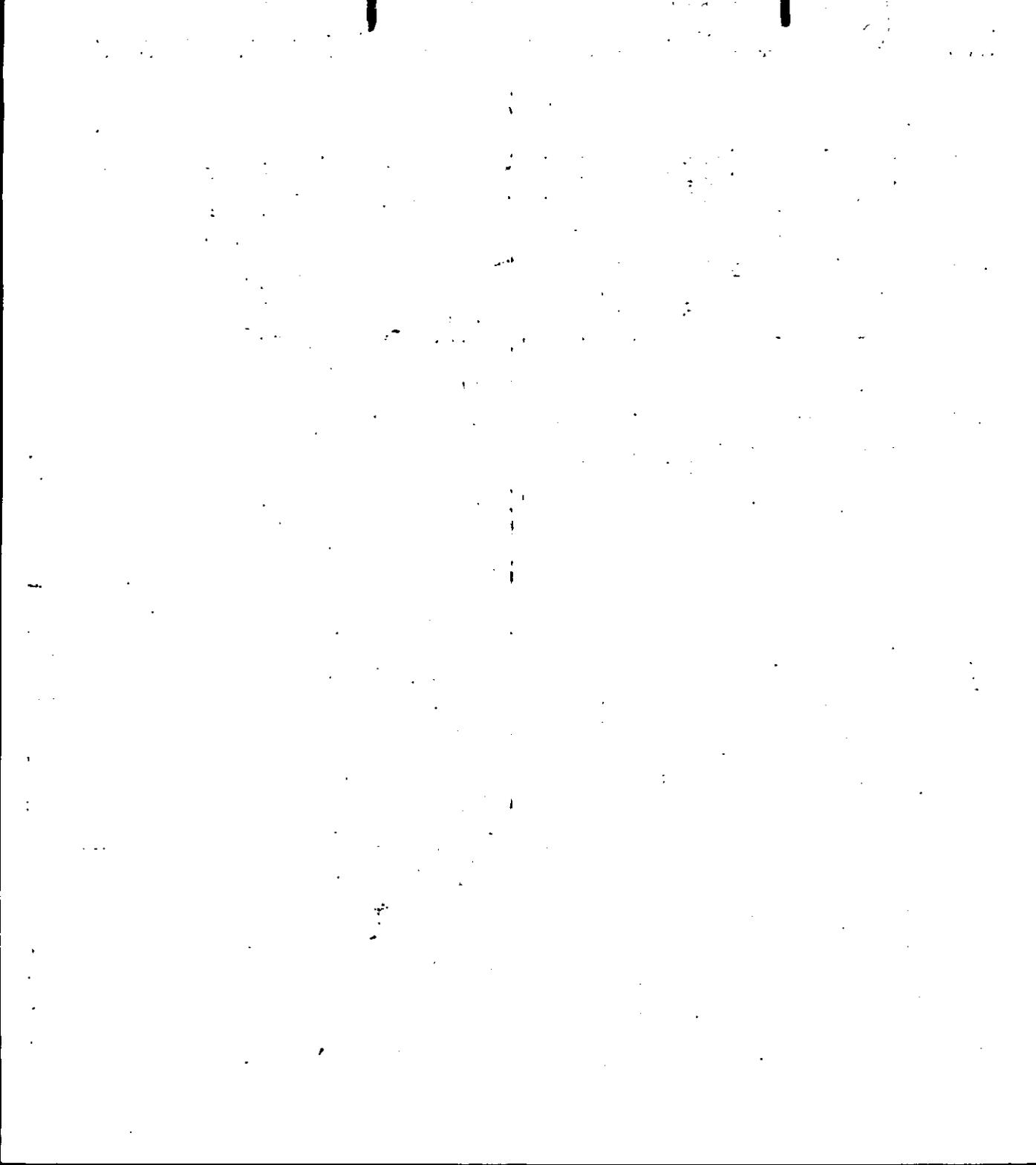
20. UNDERTAKER J. W. Klingner + Co 42 ADDRESS Springfield, Mo.

K. 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

MAR 22 1929

PARENTS



Springfield, Mo.

April 6th 1929

Missouri State Board of Health,

Jefferson City, Mo.

Dear Sirs-

You will note that Death Certificate No 1916 from registration district No 318, bearing the name of James N. Roberts, 1613<sup>E</sup> Thoman St, Springfield, Mo. gives his date of birth Aug 8.1847. This is an error and we pray your honorable body to change your record to read as follows, Date of birth Aug 8th, 1842.

We also ask, that you change the reading on a copy of the record which we are herewith enclosing,

Thanking you we are respectfully,

James N. Roberts Son  
L. Anna Bunch Daughter  
John C. Bunch Son inlaw.

329 W. Webster St;

Springfield, Mo.

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