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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.

MAR 26 1936

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

Do not use this space.

8978

File No. .....
Registered No. 56

1. PLACE OF DEATH
County Vernon
Township Washington
City ..... (No. ..... St. ..... Ward)
Registration District No. 875
Primary Registration District No. 6162

2. FULL NAME Jonathan F. Roberts
(a) Residence, No. State Hospital #3 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. 15 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 Nellie Rose (Carter) Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31, 1870

7. AGE: YEARS 65 | MONTHS 5 | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer + merchand. clerk
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) 1928
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER
13. NAME Joshua Roberts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vmt.

MOTHER
15. MAIDEN NAME Virginia
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Mrs. J. F. Roberts Nevada Mo
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL State Hospital Cemet DATE 3-4 1936

19. UNDERTAKER Ferry Funeral Home Nevada Mo
(ADDRESS)

20. FILED Mch 4th 1936 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1935 to Feb. 16 1936
I last saw him alive on Feb. 13 1936 Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gen. paralysis of the insane (Syphilis of the C.N.S.) 83	1928

Other contributory causes of importance: Broncho pneumonia Feb. 10/36

Name of operation none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
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? no
If so, specify .....
(Signed) T. T. Doll, M. D.
(Address) Nevada Mo