

NOV 14 1939 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

34926  
Do not use this space.

## 1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399  
(b) Township RAW Primary Registration District No. 100 Registered No. 3901  
(c) City KANSAS CITY (d) Street No. 441 SOUTH DRURY AVENUE St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

MR. JAMES NOAH ROBERTS JR.  
(a) Residence, No. 441 SOUTH DRURY AVENUE (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 MRS. MYRTLE ROBERTS  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY-18-1870  
7. AGE YEARS 69 MONTHS 2 DAYS 19 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CARPENTER  
9. Industry or business in which work was done, as 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  
13. NAME JESS ROBERTS  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE  
15. MAIDEN NAME AMANDA SCHAFER  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT MRS. MYRTLE ROBERTS  
(ADDRESS) 441 SOUTH DRURY AVENUE

18. BURIAL, CREMATION, OR REMOVAL  
PLACE CALIFORNIA, MISSOURI DATE OCTOBER-9-1939

19. FUNERAL DIRECTOR (NAME) DW. NEWCOMER'S SONS  
(ADDRESS) KANSAS CITY MISSOURI

20. FILED 10/9 1939 M. M. Crowe  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER-6-1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_, 19\_\_\_\_. Death is said to have been \_\_\_\_\_ on the date stated above, at 5:00 P. M.

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

Date of onset

Plated films - caseous pulmonary tuberculosis & cavitation

Other contributory causes of importance: 23

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy Yes

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Victor H. Butler, M. D.

(Address) K. E. Mo

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

P. O. Address .....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

**If this body is not embalmed, above space should be left blank.**