

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

PLACE OF DEATH

County Osage
Township Jefferson
Village _____
City _____ (NO. _____ St.; _____ Ward)

Registration District No. 643 File No. 33695
Primary Registration District No. 8852 Registered No. 15

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME George W. Robertson

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED married
(Write the word)

DATE OF BIRTH Sept. 18, 1837
(Month) (Day) (Year)

AGE 75 yrs. 1 mos. 14 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Ind

PARENTS
NAME OF FATHER Jesse Robertson
BIRTHPLACE OF FATHER (City or town, State or foreign country) Tenn
MAIDEN NAME OF MOTHER Annie Daggett
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T. V. Robertson
(ADDRESS) 22 Bonap.

Filed Oct 3, 1912 J. H. Hancock
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 2, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 15, 1912, to Oct 2, 1912, that I last saw him alive on Sept 30, 1912, and that death occurred, on the date stated above, at 7 a m.

THE CAUSE OF DEATH* was as follows:
Intestinal enteritis
1208 100
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. 17 ds.

(Signed) J. H. Hancock M. D.
Oct 30, 1912 (Address) Koenig

* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Pilot Knob cemetery DATE OF BURIAL Oct 12, 1912
UNDERTAKER B. C. Beck ADDRESS Koenig

MARGIN RESERVED FOR BINDING
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.

