

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

Do not use this space.

18483

1. PLACE OF DEATH

County Jackson
 Township Hann
 City Chan. City

Registration District No. 399
 Primary Registration District No. St. Mary's Hospital

File No. 2590
 Registered No. 2590
 St. _____ Ward _____

2. FULL NAME

Eloira Mildred Robertson

(a) Residence. No. 2220 Olive 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 Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. W. Robertson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 18/1837

7. AGE YEARS MONTHS Days If LESS than 1 day, ____ hrs. or ____ min.
90 | 4 | 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boonville mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Andrew J. Robertson

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

12. MAIDEN NAME OF MOTHER Katherine Robertson

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

14. INFORMANT Earnest S. Robertson
 (Address) 2220 Olive

15. FILED 6/27, 1927 M. M. Brown
 REGISTRAR
Asst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24, 1927

17. I HEREBY CERTIFY, That I attended deceased from 4-26-27 1927, to June 24, 1927 and that I last saw 4 P.M. alive on June 24, 1927, and that death occurred, on the date stated above, at 4 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

carcinoma of Rt. breast with metastases
1917 (duration) 4.50 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) asthma (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. at home

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. F. Ridge, M. D.

6/25, 1927 (Address) Medical Bldg building

*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

Elmwood

DATE OF BURIAL

6-26-1927

20. UNDERTAKER

Rose & Co

ADDRESS

157 Jackson

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.

~~Dr. Meyer~~
W.A.
Dr. Meyer

Hi 433 4

425 Huntington Rd

Shirley J. Bell

Vai 3925