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

Do not use this space.

32810

1926

1. PLACE OF DEATH
County: Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 1149
City: St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME: Mary E. Robertson,
(a) Residence. No. 1602 Edmond 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. 3 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Samuel G. Robertson,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 27, 1864

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
63 ~~62~~	9	26	

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

9. BIRTHPLACE (CITY OR TOWN) LaPorte,
(STATE OR COUNTRY) Indiana,

PARENTS
10. NAME OF FATHER Andrew J. Walton,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) New York,
12. MAIDEN NAME OF MOTHER Louisa Maria Merrill
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) New York

14. INFORMANT Mrs. Henry C. Miller
(Address) 1602 Edmond Street.

15. FILED Nov 25 1927 John Ott Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 23, 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1927, to November 23, 1927, that I last saw h... alive on Nov 22, 1927, and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Colon
110
1076
1184
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Secondary Anemia
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? yes. DATE OF Oct 31 - 27.
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation & Tissue Exam.
(Signed) HK Walker, M. D
11/23, 1927 (Address) 301 N 8 St Joseph 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: Highland, Ks. via auto — DATE OF BURIAL: Nov. 25th, 1927

20. UNDERTAKER: Heaton-Begole Und. by D. H. Karle — ADDRESS: 319 S. 10 St.

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.

301 N. 8

1616 Emerson Street. [illegible], Ga. via auto [illegible]

New York
Unknown,
Louise Marie Merrill
New York,
Unknown,
Andrew J. Walton,
Indiana,
[illegible]

As None

CC 6 CC

Jan.17, 1939

Samuel G. Robertson,

Female White Married,

6

[illegible]
[illegible] Robertson,

[illegible] [illegible] Hospital

[illegible]