31 1928

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

Do not use this space.

12984

1. PLACE OF DEATH
County Trundy — Registration District No. 326 — File No. 41
Township Madison — Primary Registration District No. 4193 — Registered No. 3
City Edinburg (No. ..... St. ..... Ward)

2. FULL NAME Ollie Jane Robertson
(a) Residence. No. ..... 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND OF~~ ~~(OR) WIFE~~ OF Henry Robertson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 16th 1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
56	–	15	

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Trundy Co Mo

PARENTS

10. NAME OF FATHER Wm Helmendollar
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER McIntyre
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know

14. INFORMANT Glen Robertson
(Address) Trenton Mo

15. FILED April 11, 1928 George C Price
April 11 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 1st 1928

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to Apr 1st, 1928 that I last saw her alive on Apr 1, 1928, and that death occurred, on the date stated above, at 1245 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uterine Carcinoma
46
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ✓
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
4/2 (Signed) O R Rooks, M.D
, 1928 (Address) Trenton 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: Coon Creek Cemetery — DATE OF BURIAL: Apr 2 1928

20. UNDERTAKER: R H Hemley — ADDRESS: Trenton Mo

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.