AUG 23

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

Do not use this space.

1. PLACE OF DEATH
County Greene — Registration District No. 318 (D. R. Williams) — File No. 23533
Township — Primary Registration District No. 2001 — Registered No. 509
City Springfield (No. 629 N. Nettleton Ave. St. Ward)

2. FULL NAME Mrs. Bina Robertson
(a) Residence. No. 629 N. Nettleton Ave. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sam Robertson
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 2 1865
7. AGE: Years 63 — Months 6 — Days 8 — If LESS than 1 day, ... hrs. or ..... min.
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): Tenn.

PARENTS
10. NAME OF FATHER: E. F. Collier
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Sam Robertson
(Address) 629 N. Nettleton Ave.
15. FILED 7-12, 1928 O. C. Horst Mrs. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-11 1928
17. I HEREBY CERTIFY, That I attended deceased from July 8, 1928, to July 11, 1928 that I last saw her alive on July 11, 1928, and that death occurred, on the date stated above, at 12:30 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Heart Trouble
(duration) yrs. 2 mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Robert F. Williams, M.D.
7/12, 1928 (Address) Springfield 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: Green Lawn Cem.
DATE OF BURIAL: 7-13 1928
20. UNDERTAKER: W. H. Karne
ADDRESS: Wright Mosby

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.

...ENTRY, WITH UNFADING INK—THIS IS A PERMANENT RECORD