SEP 24 1928

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

Do not use this space.

26470

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 945
City St. Joseph (No. 502 Woodson St. Ward)

2. FULL NAME James L. Robertson
(a) Residence. No. 502 Woodson St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 52 yrs. # mos. # ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Christina Scheuer Robertson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 17-1874

7. AGE: Years 53 — Months 9 — Days 19 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): New York
(STATE OR COUNTRY): New York

PARENTS
10. NAME OF FATHER: William Robertson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Scotland
12. MAIDEN NAME OF MOTHER: Katherine Brenner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Christina Robertson
(Address) 502 Woodson Street

15. FILED AUG 8 1928 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 6th 1928

17. I HEREBY CERTIFY, That I attended deceased from July 26th, 1928, to Aug 5th, 1928 that I last saw him alive on Aug 5, 1928, and that death occurred, on the date stated above, at 12:01 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma Stomach
46B
(duration) not known yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 44a
(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? yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) B. T. Dingley, M. D
Aug 6, 1928 (Address) 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: Ashland Cemetery
DATE OF BURIAL: Aug. 8- 1928

20. UNDERTAKER: N. Meierhoffer
ADDRESS: 1302 Faraon

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.