OV 21 1928

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

Do not use this space.

33318

File No. .....

Registered No. 753

1. PLACE OF DEATH

County Greene Registration District No. 316

Township ..... Primary Registration District No. 2010

City Springfield Mo (No. Burge Hospital St. .....Ward)

2. FULL NAME Lester Robertson

(a) Residence. No. Brookline Sta Mo St. R.F.D. 4

(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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16 1912

7. AGE: Years 16 | Months 0 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Charles Robertson

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

12. MAIDEN NAME OF MOTHER Effie Gossett

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

14. INFORMANT Charley Robertson
(Address) Brookline Mo

15. FILED Oct 30 1928 O C Forst MD
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-30 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct-26 1928, to Oct-30 1928, that I last saw him alive on Oct-29-1928, and that death occurred, on the date stated above, at 8:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Spinal Meningitis

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) None

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Burge Hospital

DID AN OPERATION PRECEDE DEATH? no DATE OF? —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Spinal puncture

(Signed) E. M. Lee Crumpton, M. D

, 19 (Address) Brookline 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 Springfield | DATE OF BURIAL: 10/31 1928

20. UNDERTAKER: R E Thurmon | ADDRESS: Republic 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD