

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

5000

1. PLACE OF DEATH

County Scott Registration District No. 82/
 Township Richland Primary Registration District No. 670
 City Beaumont (No.) St. Ward)

File No. 18
 Registered No. St. Ward)

2. FULL NAME John A. Robertson

(a) Residence. No. 956 Kathleen St. 4 Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 3 yrs. mos. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Robertson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1884 Nov 29

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>44</u>	<u>10</u>	<u>29</u>		

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

9. BIRTHPLACE (CITY OR TOWN) Blodgett
 (STATE OR COUNTRY) Scott County, Mo.

10. NAME OF FATHER James Robertson
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Blodgett
 (STATE OR COUNTRY) Scott County, Mo.
 12. MAIDEN NAME OF MOTHER Mary Howell
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Blodgett
 (STATE OR COUNTRY) Scott County, Mo.

14. INFORMANT Bertha Robertson
 (Address)

15. FILED 2/10/29 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 15 1929

17. I HEREBY CERTIFY, That I attended deceased from May 1928, to Jan 1929 that I last saw him alive on Jan 15 1929 and that death occurred, on the date stated above, at 7:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Coronic Valvular Disease
Chronic Myocarditis
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90 a
 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
Blodgett Mo
 DATE OF BURIAL 1-16 1929
 ADDRESS Beaumont 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
Blodgett Mo
 DATE OF BURIAL 1-16 1929
 ADDRESS Beaumont Mo

20. UNDERTAKER S. R. Dempsters
 Address Beaumont Mo

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

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.

1929
 66
 102

170

Handwritten scribbles and a circled symbol resembling a cursive 'e' or '2'.