

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

Do not use this space.

38247-1

1. PLACE OF DEATH

County Scott
Township Spickwood
City Blodgett (No.)

Registration District No. 8/3
Primary Registration District No. 4491

File No.
Registered No. 8
St. Ward

2. FULL NAME

William Henry 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 47 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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>single</u>
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5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 20 - 1883

7. AGE.	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>47</u>	<u>0</u>	<u>16</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(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) Blodgett Mo

10. NAME OF FATHER Wm Robertson

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

12. MAIDEN NAME OF MOTHER Henny Young

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

14. INFORMANT (Address) Jas R Stephens

15. FILED 11-5-30 19... E. J. Clement REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 5th 1930

17. I HEREBY CERTIFY, That I attended deceased from
19... to 19...
that I last saw h. alive on Oct 5th 1930, and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis (Due to perforated duodenal ulcer)
(duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) chronic duodenal ulcer
(duration) 10 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. J. Clement, M. D.
, 19... (Address) Blodgett 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 Cemetery **DATE OF BURIAL** 11/6 1930

20. UNDERTAKER Blodgett Mueco **ADDRESS** Blodgett 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.

JAN 22 1931

