

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

Do not use this space.

1. PLACE OF DEATH

County Yack Registration District No. 703
Township Humansville Primary Registration District No. 4424
City (No.) St. Ward

File No. 41868
Registered No. 4

2. FULL NAME

Nikolas 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 yrs. mos. ds. 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>widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maria Graves</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 25 - 1840</u>					
7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>91</u>		<u>20</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>L</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>L</u>				
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>					
FATHER	13. NAME <u>William H. Robertson</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>				
MOTHER	15. MAIDEN NAME <u>Sarah Guffey</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>				
17. INFORMANT (ADDRESS) <u>Mrs Frank Robertson</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Humansville</u> DATE <u>Dec 16 1931</u>					
19. UNDERTAKER (ADDRESS) <u>J. A. Joseph</u>					
20. FILED <u>Jan 3 1932</u> <u>Mrs R.C. News</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1931
22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1931, to Dec 15 1931
I last saw him alive on Dec 15 1931 Death is said to have occurred on the date stated above, at 10:20 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Paralysis
827

Other contributory causes of importance:

[Handwritten signature]

Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) R. News, M. D.
(Address) Humansville, Mo.

Date of onset

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.

