

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

Do not use this space.

5744

1. PLACE OF DEATH

84 County Golk Registration District No. 703
Township Johnson Primary Registration District No. 5932
City (No. _____) St. _____ Ward _____

2. FULL NAME

Seth Thomas 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 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) March 3, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57 11 3

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) mo 1 (STATE OR COUNTRY)

MOTHER FATHER
13. NAME Grace W. Robertson

14. BIRTHPLACE (CITY OR TOWN) ny 2 (STATE OR COUNTRY)

15. MAIDEN NAME Lucy A. Fisher

16. BIRTHPLACE (CITY OR TOWN) mo 1 (STATE OR COUNTRY)

17. INFORMANT Mrs C. A. Fox (ADDRESS) Humansville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Plum Grove DATE Feb 8 1932

19. UNDERTAKER Ralph A. Joseph (ADDRESS) Humansville, Mo.

20. FILED Mary 1932 Mrs R. S. Neums Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1932, to Feb 6 1932

I last saw him alive on Feb 6 1932. Death is said to have occurred on the date stated above, at 12:10 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Paralysis Feb 5

Other contributory causes of importance: 820

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

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. S. Neums _____, M. D.

(Address) Humansville, Mo.

Date of onset

Feb 5

Date of _____

Was there an autopsy? _____

Date of injury _____, 19 _____

(Specify city or town, county, and State)

MARGIN RESERVED FOR BINDING

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.

MAR 24 1932

V. S. No. 2.

