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.

APR 25 1932

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

Do not use this space.

7402

1. PLACE OF DEATH

11 County Buchanan — Registration District No. 81 — File No.

Township Bloomington, — Primary Registration District No. 5122 — Registered No. 5

City ..... (No. 2 M. No. of DeKalb, Mo. St. ..... Ward)

2. FULL NAME Irene Bell Robertson,

(a) Residence, No. 2 M. No. of DeKalb, Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John L. Robertson,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb'y. 2, 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	50	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home, 235

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) Buchanan County, Missouri, 1

FATHER

13. NAME William T. Dittemore,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co., Missouri,

MOTHER

15. MAIDEN NAME Eldora Harrington,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co., Missouri,

17. INFORMANT John L. Robertson (ADDRESS) R.F.D. # 1, DeKalb, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DeKalb, Mo. Cem DATE Mch. 11th., 1932

19. UNDERTAKER Heaton-Bigale & Bowman (ADDRESS) St. Joseph, Mo. Funeral Home

20. FILED 3/11, 1932 J. W. McAdow Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1931, to Mar 9, 1932.

I last saw her alive on Mar 8, 1932. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

	Date of onset
carcinoma of Liver	1931
46E	
46E	

Other contributory causes of importance

(1)

Name of operation — Date of —

What test confirmed diagnosis? — 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 ....., 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) E. D. McAdow, M. D.

(Address) DeKalb Mo.