

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

Do not use this space.

12262

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 2000
 City Springfield (No. 1301 N. Rogers) St. _____ Ward _____
 2. FULL NAME Margie Marie Robertson
 (a) Residence, No. 1301 N. Rogers St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No. _____
 Registered No. 298 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6-1930
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 1 10
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 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) (STATE OR COUNTRY) Mo 1
 13. NAME Jesse Robertson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa 2
 15. MAIDEN NAME Etta Wagoner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1
 17. INFORMANT (ADDRESS) Jesse Robertson Springfield, Mo.
 18. BURIAL, CREMATION, OR REMOVAL (PLACE) (DATE) East Lawn April 18, 1932
 19. UNDERTAKER (ADDRESS) J. W. Hughes & Co Springfield, Mo.
 20. FILED 4/18/32 1932 Elton Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-17 1932
 22. I HEREBY CERTIFY, That I attended deceased from 4-16 1932 to 4-17 1932.
 I last saw her alive on 4-16 1932. Death is said to have occurred on the date stated above, at 12:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia Secondary
10 days
 Date of onset 3 days
 Other contributory causes of importance:
Whooping Cough 1 mo.
 23. Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys. exam Was there an autopsy? Yes
 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? Yes
 If so, specify _____
 (Signed) Phuvedicin J. M. D.
 (Address) Cent Home Springfield
4-18-32

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.

MARGIN RESERVED FOR BINDING

APR 24 1932

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