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.

AUG 23 1932

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

Do not use this space.

19081

1. PLACE OF DEATH

27 County Cooper — Registration District No. 27

Township Lebanon — Primary Registration District No. 5300

City ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Beverly Jane 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	2	1	7	

OCCUPATION

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 COUNTY) Cooper County Missouri

FATHER

13. NAME G. J. Robertson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Morgan County Missouri

MOTHER

15. MAIDEN NAME Florence Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Morgan County Missouri

17. INFORMANT (ADDRESS) G. J. Robertson Otterville Mo

18. ~~BURIAL, CREMATION, OR~~ REMOVAL

PLACE Syracuse Mo DATE June 27, 1932

19. UNDERTAKER Jewell E. Richards
(ADDRESS) Sedalia Mo

20. FILED 6/27, 1932 Robt H Fogle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1932, to June 26, 1932

I last saw h... alive on June 25, 1932. Death is said to have occurred on the date stated above, at 3:00 P.M.

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

	Date of onset
entero colitis	6/20
120B	
120	

Other contributory causes of importance:

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? .....

If so, specify .....

(Signed) Robt H Fogle, M. D.

(Address) .....