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.

JUL 27 1932

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

Do not use this space.

21710

1. PLACE OF DEATH
County Stone — Registration District No. 842 — File No.
Township — Primary Registration District No. 6104 — Registered No.
City Crane (No. , St. Ward)

2. FULL NAME W W Robertson
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 13 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: W
4. COLOR OR RACE: M
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elya Robertson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 9 1846

7. AGE — YEARS: 86 — MONTHS: 3 Month — DAYS: 17 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Miner
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): Lawrence Co 1

FATHER
13. NAME: John Robertson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky 2

MOTHER
15. MAIDEN NAME: Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown 31

17. INFORMANT (ADDRESS): T B Robertson

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Olive — DATE: 6-27 1932

19. UNDERTAKER (ADDRESS): W E Hilton Crane Mo

20. FILED 6-26 1932 Mrs Ethel Doggett Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to 6-26, 1932
I last saw him alive on 6-20, 1932. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

Ascites, Cardiac asthma — Date of onset: Jan 32
95B
95A
95B

Other contributory causes of importance: auricular fibrillation

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?
If so, specify
(Signed) J R Doggett, M. D.
(Address) Crane Mo