

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

Do not use this space.

28345

**1. PLACE OF DEATH**

County North  
Township Allen  
City Denver (No. \_\_\_\_\_)

Registration District No. 905  
Primary Registration District No. 6212

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

George W. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 18-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 2 29

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer 237  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) North Co., Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Jess Robertson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Hester Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn.  
(STATE OR COUNTRY)

14. INFORMANT J. P. Bram  
(Address) Denver, Mo.

15. Sept 10, 1932 Mrs. Maye Long  
REGISTERED

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 17<sup>th</sup> 1932

17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1932 to Aug 17, 1932  
that I last saw alive on Aug 15, 1932 and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral thrombophagy  
82A  
97 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_ (1)

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Lewis H. Long, M. D.  
, 19 (Address) Denver, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Miller cemetery DATE OF BURIAL Aug. 19, 1932

20. UNDERTAKER Bram Bros. ADDRESS Denver

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.

SEP 29 1932

