

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

D5 Nov 2
5539

1. PLACE OF DEATH

County Howell Registration District No. 384
Township _____ Primary Registration District No. 4227
City West Plains, Mo. No. _____ St. _____ Ward _____

2. FULL NAME

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FW 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-4-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 2 18

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

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) York, Wisconsin

13. NAME Fred H. Robertson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co., N.Y.

15. MAIDEN NAME Bella Masseur

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winnebago Wisconsin

17. INFORMANT (ADDRESS) Mrs. Bella Robertson West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE at home DATE 2-4-33

19. UNDERTAKER (ADDRESS) McFarland West Plains, Mo.

20. FILED 2-13-33 R. A. Heinrich Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2-33, 19 33

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1933 to Feb 2, 1933

I last saw him alive on Feb 2, 1933 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Chronic nephritis interstitial Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Exam 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. Claude Bohrer, M. D.

(Address) West Plains, Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

28 1933
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.

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