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.

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

Do not use this space.

21159

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 4929

City St Louis Mo (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Dr. Wm Murray Robertson

(a) Residence, No. 3737 Washington St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-3-1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
66	8	3	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen Practice

10. Date deceased last worked at this occupation (month and year) Mar. 33

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette Alabama

FATHER

13. NAME John C. Robertson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER

15. MAIDEN NAME Mary Alley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette Ala

17. INFORMANT (ADDRESS) Elizabeth Robertson Fayette Ala

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fay Ette Ala DATE 6/6/33 19

19. UNDERTAKER (ADDRESS) Alexander H Long 6175 Delmar Rd

20. FILED JUN - 6 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-6-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-11-, 1933, to 6-6-, 1933

I last saw him alive on 6-6-, 1933 Death is said to have occurred on the date stated above, at 4 55a m.

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

	Date of onset
Chronic myocarditis	1923
131 Uremia	1923
936 Chronic nephritis	1923
1103	
131	

Other contributory causes of importance:

Emphysema	1920
Pleural effusion, right	5/20/33

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? No

If so, specify .....

(Signed) B. L. Taussig, M. D.

(Address) BARNES HOSPITAL