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

Do not use this space.

27011

File No. .....

Registered No. 2871

1. PLACE OF DEATH

64 County Marion — Registration District No. 547

1 Township Mason — Primary Registration District No. 3079

9 City Hannibal (No. Orchard ave. Oakwood St. ..... Ward)

2. FULL NAME John P. Robertson

(a) Residence, No. Orchard ave. Oakwood 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17th 1854

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
79	10	7	

OCCUPATION

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

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) New London (STATE OR COUNTRY) Mo

FATHER

13. NAME Thomas Robertson

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

MOTHER

15. MAIDEN NAME Maggie Ann Couch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT Mr. Thomas Robertson (ADDRESS) Orchard ave. Oakwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Salt Lick Cem. DATE 8/26/33, 19

19. UNDERTAKER James O'Donnell (ADDRESS) Hannibal, Mo.

20. FILED Aug 26, 1933 R H Dobsler, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1933, to Aug 24, 1933

I last saw h. alive on Aug 24, 1933, 19.. Death is said to have occurred on the date stated above, at 8 a.m.

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

	Date of onset
Dysentery	8/20/33
13c	
16v	

Other contributory causes of importance:

Age

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) F B Norton, M. D.

(Address) Hannibal

1
2
2

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.