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.

NOV 1 1933

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

Do not use this space.

35830

1. PLACE OF DEATH

13 County Caldwell — Registration District No. 95 — File No. 12

Township ~~Fiscalus~~ — Primary Registration District No. 4057 — Registered No. 12

3 City Cowgill (No. ..... St. ..... Ward)

1 2. FULL NAME Noah 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 4 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 1861

7. AGE: YEARS 72 — MONTHS 5 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Tattsville Ray County

FATHER

13. NAME Noah Robertson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Robbie Robertson Cowgill Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chelson Springs DATE Nov 2 1933

19. UNDERTAKER (ADDRESS) B M Hicks Hamilton Mo

20. FILED Nov. 2, 1933 G. B. Conley, M.D. Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1933, to Nov. 2, 1933

I last saw him alive on Oct. 26, 1933. Death is said to have occurred on the date stated above, at 2.30 A.m.

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

Cerebral Hemorrhage — Date of onset Oct 5 1933
Generalized Arteriosclerosis (Hypertensive)
82A
107A
97

Other contributory causes of importance:
Bronchopneumonia

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? No
If so, specify ....

(Signed) I. E. Goldberg, M. D.
(Address) Polo Mo.
Nov. 2/1933