

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.

JAN 26 1934

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

Do not use this space.

39898

1. PLACE OF DEATH
 46 County Howell Registration District No. 385
 Township Willow Springs Primary Registration District No. 5536
 City..... (No..... St..... Ward.....)

2. FULL NAME Maryon S. Robertson
 (a) Residence, No. Burnham, Mo. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-15-1856

| | | | | |
|--------|-----------|----------|-----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | <u>77</u> | <u>3</u> | <u>11</u> | |

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

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) Indiana Ky

13. NAME Moses Robertson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

15. MAIDEN NAME Don't Know

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

17. INFORMANT (ADDRESS) E. O. Robertson Burnham, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Burnham, Mo. DATE Dec-28-1933

19. UNDERTAKER (ADDRESS) W. J. Burns Willow Springs, Mo

20. FILED 12-28, 1933 J. O. DeWitt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26-1933

22. I HEREBY CERTIFY, That I Attended deceased from 12-25-, 1933, to 12-26, 1933
 I last saw him alive on 12-26-, 1933. Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:
Acute heart dilation (Date of onset 12-26-33)
95E
0510
 Other contributory causes of importance:
Acute heart dilation followed severe spasm in starting his car Dec 25-1933
 Name of operation..... Date of.....
 What confirmed diagnosis..... Was there an autopsy?
Cerebral
 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) J. P. Davis, M. D.
 (Address) Willow Springs, Mo

