JAN 26 1934

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

Do not use this space.
40415

1. PLACE OF DEATH
County Jasper — Registration District No. 406 — File No.
Township — Primary Registration District No. 4240 — Registered No. 30
City Carl Junction (No. ..... St. ..... Ward)

2. FULL NAME John Judson Robertson
(a) Residence No. Cowgill St., nud Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 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) Oct 16 1854
7. AGE: YEARS 79 — MONTHS 1 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer - 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) 1925
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gibson Tenn

FATHER
13. NAME Jas Robertson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Mary Kennedy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Mrs Mollie Monroe Carl Junction Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Carl Jct Mo DATE 12/11 1933
19. UNDERTAKER (ADDRESS) C B Rowry Carl Jct. Mo.
20. FILED Dec 10 1933 C W Rowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9, 1933
22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933 to date, 1933
I last saw him alive on alive Dec 8, 1933 Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:
Paralysis Agitans — Date of onset 1925
87B
Other contributory causes of importance: —
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) O. L. Alberty, M. D.
(Address) Carl Junction Missouri

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.