

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

Do not use this space.

3760

1. PLACE OF DEATH

County Worth
Township Reese
City Denver (No. 1)

Registration District No. 905
Primary Registration District No. 6216

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Anna Kathleen Robertson

(a) Residence, No. _____ 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 Female
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) Nov-6-1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 2 14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Worth Co. Mo
(STATE OR COUNTRY)

FATHER

13. NAME John E Robertson
14. BIRTHPLACE (CITY OR TOWN) Worth Co. Mo
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Essie Smith
16. BIRTHPLACE (CITY OR TOWN) Worth Co. Mo
(STATE OR COUNTRY)

17. INFORMANT John E Robertson
(ADDRESS) Denver Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wesley Chapel DATE 1/26 1934

19. UNDERTAKER Eastman
(ADDRESS) Eastman

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-20 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 19 1934 to Jan 20 1934
I last saw him alive on Jan 20 1934. Death is said to have occurred on the date stated above, at 9 A.M.

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

Pneumonia
107A
1934

Other contributory causes of importance _____

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) Lewis D Long M. D.
(Address) Denver Mo

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

3760

Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make effort to obtain the following information, indicated by check marks, lacking the death certificate.

Anna Kathleen Robertson

3. died at _____ on *Jan 20 - 1934*
4. residence: No. _____ St. _____
(If nonresident, city or town)

5. place of residence in city or _____
6. where death occurred: Years _____ Months _____ Days _____
7. Color or race *W* Single, ~~married~~, widowed or divorced: _____

8. date of birth _____ Age: Years *1* Months *2* Days *14*

9. occupation: (a) Trade, profession, or particular kind of work done, as spinner, _____
10. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

11. deceased last worked at this occupation: Month _____ Year _____

12. place (State or country) _____

13. place of father (State or country) _____

14. place of mother (State or country) _____

15. principal cause of death: *Pneumonia*

None other than above.

16. Other contributory causes of importance _____

17. Name of operation _____ Date of _____

18. What test confirmed diagnosis? _____ Was there an autopsy? _____

19. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

20. Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

21. Manner of injury _____

22. Nature of injury _____

23. Was disease or injury in any way related to occupation of deceased? _____

24. If so, specify _____

25. Name of physician _____

26. Address of physician _____

27. Signature of Registrar *Byron Tiller*

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh

Reg. Dist. No. *905*

Primary Reg. Dist. No. *6216*

Special Agent.

ST. RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

COMMUNITY OF THE FUTURE
FUNDATION

MEMORANDUM

DATE: 10/10/60

S-3760

10/10/60