MAY 25

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

Do not use this space.

1. PLACE OF DEATH

County Moniteau — Registration District No. 214 — File No. 13618

Township Burris Fork — Primary Registration District No. 5774 B — Registered No. 11

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Katherine Russell Robertson

(a) Residence. No. Enon, Missouri 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)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Judge N. J. Robertson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 21. 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	89	5	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Russellville
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Joseph Russell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Russellville, Mo.
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Jane Leslie

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Russellville
(STATE OR COUNTRY) Missouri

14. INFORMANT Grace Wetzel
(Address) Enon, Mo

15. FILED April 14 1934 Mrs. H. L. Enloe Russellville Mo REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14 1934

17. I HEREBY CERTIFY, That I attended deceased from March 1931 to April 14 1934 that I last saw her alive on April 10 1934 and that death occurred, on the date stated above, at 7:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Dilitation of Heart (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. L. Leslie M. D

April 14 1934 (Address) Russellville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Cem. High Point Mo. — DATE OF BURIAL 4/15/34

20. UNDERTAKER Hugo H Schubert — ADDRESS Russellville Mo

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.