

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 19 1934

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

Do not use this space.

35667

1. PLACE OF DEATH
 County Republic Registration District No. 285
 Township Independence Primary Registration District No. 4072
 City (No) St. (No) Ward (No)

2. FULL NAME Ralph Robertson

(a) Residence, No. (No) St. (No) Ward (No)
 (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (No)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 1932

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>2</u>	<u>9</u>	<u>19</u>	

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) Kennett Mo (STATE OR COUNTRY)

13. NAME R. Robertson

14. BIRTHPLACE (CITY OR TOWN) Jesse (STATE OR COUNTRY)

15. MAIDEN NAME Ellean Bitchard

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

17. INFORMANT Dr. R. Robertson (ADDRESS) White Oak Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE McCullley DATE 10/22/34

19. UNDERTAKER Baldwin Funeral Home (ADDRESS) St. Louis Mo

20. FILED Oct 29 1934 Thurley Davis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1934 to Oct 22 1934
 I last saw him alive on Oct 22 1934 Death is said to have occurred on the date stated above, 1934
 The principal cause of death and related causes of importance were as follows:
Chloroform Injunct
1934
 Other contributory causes of importance

Name of operation (No) Date of (No)
 What test confirmed diagnosis? (No) Was there an autopsy? (No)

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? (No) Date of injury (No), 19(No)
 Where did injury occur? (No) (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury (No)
 Nature of injury (No)

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify (No)
 (Signed) J. R. Ryan M. D.
 (Address) Kennett Mo

