

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.

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

Do not use this space.

DEC 14 1934

38648

1. PLACE OF DEATH

County Buchanan Registration District No. 830
 Township Washington Primary Registration District No. 5127
 City St. Joseph, Mo. (No. P. R. 7.) St. _____ Ward _____

File No. _____
 Registered No. 95
 St. _____ Ward _____

2. FULL NAME Benjamin Franklin Robertson

(a) Residence, No. R. R. 7 St. Joseph, 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 90 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) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF WIFE OF Lucy Bell Robertson				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1844				
7. AGE YEARS 90	MONTHS 1	DAYS 17	IF LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer			
	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	
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) Buchanan County (STATE OR COUNTRY) Missouri			
	13. NAME Elijah Robertson			
	14. BIRTHPLACE (CITY OR TOWN) Terre Haute (STATE OR COUNTRY) Indiana			
	15. MAIDEN NAME Unknown			
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown				
17. INFORMANT Wm. N. Robertson (ADDRESS) R. R. 7 St. Joseph, Missouri				
18. BURIAL, CREMATION, OR REMOVAL PLACE King Hill Cemetery DATE Nov. 7, 1934				
19. UNDERTAKER H. O. Sidenfaden (ADDRESS) St. Joseph, Mo.				
20. FILED 1077 19 34 J. J. Brunsbach Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 5, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 26, 1934**, to **Nov. 5, 1934**
 I last saw him alive on **Nov. 5, 1934**. Death is said to have occurred on the date stated above, at **11:30 A.M.**
 The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia
1077
 Other contributory causes of importance:
1077

Date of onset	10/27 - 34
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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) **E. B. Meadow**, M. D.
 (Address) **De Kalb, Mo.**

