

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.

MAR 28 1935

6375

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia

Registration District No. 668
Primary Registration District No. 3032
(No. 6348 Buway)

File No. 78-82
Registered No. 668
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 6348 Buway St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. S. Robertson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 4 1853</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>4</u>
	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>	
	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) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Do not know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>	
MOTHER	15. MAIDEN NAME <u>Do not know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>	
17. INFORMANT (ADDRESS) <u>Howard Robertson</u> <u>634 E. Buway Sedalia</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Cem</u> DATE <u>2-28-35</u>		
19. UNDERTAKER (ADDRESS) <u>McLaughlin Bros</u> <u>Sedalia Mo</u>		
20. FILED <u>2-28-35</u> <u>Jeane Slack</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1935

22. I HEREBY CERTIFY That I attended deceased from Feb 24 1935 to Feb 26 1935
I last saw him alive on Feb 26 1935 Death is said to have occurred on the date stated above, at 10:40 PM
The principal cause of death and related causes of importance were as follows:
Erysipelas facialis
underlying buccal cavity
and larynx.

Other contributory causes of importance:
for a year
chronic atrophy of
larynx

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical 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 _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
at home

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) W. C. Brady M. D.
(Address) Sedalia Mo.

