

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

Do not use this space

J. A. Robertson
29226

OCT 23 1935

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township Springfield Twp. Primary Registration District No. 280
 City Springfield, Mo. (No. 724 W. McVernon St.) Registered No. 402 B Ward

2. FULL NAME

(a) Residence, No. 724 W. McVernon Ward. (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 Male 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. 2 - 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 9 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prof. Education

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) Cedar Gap, Mo.

13. NAME C. P. Bradshaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co., Mo.

15. MAIDEN NAME Sarah Sims

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seymour, Mo.

17. INFORMANT (ADDRESS) Mrs. Otto Clark, (Sis) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Myrtle Park, Dept. 3 - 125

19. UNDERTAKER (ADDRESS) Anna Schmyger, Han Springfield, Mo.

20. FILED 9 B 1935 M. W. Langston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1935 to Sept 31, 1935

I last saw him alive on Aug 31, 1935 Death is said

to have occurred on the date stated above, at 6:45 A M.

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

Myocarditis

Chronic

Other contributory causes of importance:

Chronic Kidney - Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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, specify

(Signed) J. A. Robertson, M. D.

(Address) Springfield, 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.

