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.

JAN 18 1936

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

Do not use this space. 33564-8 (1)

1. PLACE OF DEATH
County Remiscot — Registration District No. 653 — File No. 242
Township Hayti — Primary Registration District No. 5864 — Registered No.
City (No. St. Ward)

2. FULL NAME Jell Robertson
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 7 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Cal
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-5-1934
7. AGE YEARS 1 MONTHS 7 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
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) Hayti Mo

FATHER
13. NAME L. R. Robertson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

MOTHER
15. MAIDEN NAME Roberta Burns
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tchula Miss

17. INFORMANT (ADDRESS) JOE Burns Hayti Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Morgan Cemt DATE 10-2 1935
19. UNDERTAKER (ADDRESS) Mrs T. J. Smith Hayti Mo
20. FILED 10/2 1935 J. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-1, 1935
22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1.45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Burned to death in burning house	23

Other contributory causes of importance:

180

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, ~~suicide~~, or homicide? accident Date of injury 10-1 1935
Where did injury occur? Home, Near Hayti (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury House burned
Nature of injury Burned to a Crisp

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. W. Rhodes Coroner, M. D.
(Address) Hayti Mo