

JAN 17 1936

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

Do not use this space.

1. PLACE OF DEATH

59 County Dwight Registration District No. 508 File No. 40191
Township _____ Primary Registration District No. 3026 Registered No. 158
City Lehlicoch (No. _____) St. _____ Ward _____

2. FULL NAME Lavera Mae Robertson

(a) Residence, No. _____ St. _____ Ward _____
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Preston Robertson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-30-1909
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 26 8 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Minor School
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) Dunn Co. Wis

13. NAME Robert G. Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunn Co. Wis

15. MAIDEN NAME Alice Powell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunn Co. Wis

17. INFORMANT Alice Robertson
(ADDRESS) Dwight

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olive Cem DATE Dec-17-1935
Dunn County

19. UNDERTAKER Jas D Gordon
(ADDRESS) Lehlicoch Wis

20. FILED Dec 16 1935 Ronald H. Powell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-15-1935

22. I HEREBY CERTIFY, That I attended deceased from 12-13-1935 to 12-15-1935
I last saw her alive on 12-15-1935. Death is said to have occurred on the date stated above, at 11:08 a.m.
The principal cause of death and related causes of importance were as follows:

Streptococcus Peritonsillaris Date of onset 12-9-35

Other contributory causes of importance: Misscarriage 12-11-35

Name of operation Autopsy & Consulting Date of 12-6-35
What test confirmed diagnosis? Clinical 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
If so, specify _____
(Signed) Donald M. Dowell, M. D.
(Address) Lehlicoch 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.

JAN 28 1957