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.

MAY 29 1936

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

Do not use this space.

18364

1. PLACE OF DEATH
County Washington — Registration District No. 887 — File No.
Township Breton — Primary Registration District No. 6179 — Registered No.
City Potosi (No. , St. Ward)

2. FULL NAME Robert Ray 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 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) March 16, 1935

7. AGE — YEARS: 1 — MONTHS: 1 — DAYS: 11 — If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME Clay R. Robertson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello Arkansas

MOTHER
15. MAIDEN NAME Catherine Nicholson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Mo.

17. INFORMANT (ADDRESS) Mrs C. R. Robertson Potosi, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Potosi, Mo. DATE 4/29 1936

19. UNDERTAKER (ADDRESS) J. B. Boyer & Son Potosi, Mo

20. FILED April 30 1936 G. F. Cresswell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27 1936

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1936, to April 27, 1936
I last saw him alive on Apr. 27, 1936. Death is said to have occurred on the date stated above, at 10:30 Am m.
The principal cause of death and related causes of importance were as follows:

Scarlet Fever and Mumps.

Date of onset

Other contributory causes of importance:

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? — 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) G. F. Cresswell, M. D.
(Address) Potosi Mo