

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

AUG 25 1936

Do not use this space.

27847

**1. PLACE OF DEATH**

County St. Louis Registration District No. 784  
 Township St. Ferdinand Primary Registration District No. 6030  
 City Near Buegg, Mo. (No. Amazon Bend, Missouri River, St. St. Louis County, Mo. Ward)

**2. FULL NAME** Charles K Robertson

(a) Residence, No. Walcott, Kans. 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 M 4. COLOR OR RACE W 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) don't know

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
about 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer on river barge  
 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) don't know

FATHER 13. NAME don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

MOTHER 15. MAIDEN NAME don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT Gibson Und. (ADDRESS) Kansas City, Kans.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City. DATE ? 19

19. UNDERTAKER L. B. Farmer (ADDRESS) 6107 Nat. Bridge

20. FILED 7/28 1936 W. A. Zettler Registrar. P. G. Smith

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/27/1936

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h.                      alive on                     , 19                     . Death is said to have occurred on the date stated above, at 7:30PM

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

Accidental drowning while in swimming in Missouri river, with other comrades, got out in swift current and drowned in approximately 12 feet of water. Body was recovered

Other contributory causes of importance: an hour and a half later by drag-hooks that were used from a Government dredge.

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

23. If death was due to external causes (violence), fill in also the following: CORONER'S VIEW No.                       
 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?                       
 If so, specify                      7/28/36  
 (Signed) L. B. Farmer, M. D.  
 (Address) 3718 Jennings, Rd.

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.

