DEC 4 1936

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

Do not use this space.

38814

1. PLACE OF DEATH

County: Clark — Registration District No.: 757 3036 — File No.:

Township: — Primary Registration District No.: — Registered No.: 195

City: St Charles (No. St Josephs Hospital, St. ..... Ward)

2. FULL NAME Lucy B. Robertson

(a) Residence, No. Woodward Okla 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): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John B. Robertson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 12 1864

7. AGE: Years 71 — Months 11. — Days 9. — 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.: At Home
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): Andrain Co Mo.

FATHER

13. NAME: John J. Mosby.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Plains Mo. ~~Kentucky~~

MOTHER

15. MAIDEN NAME: Susana Shortridge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgetown, Ky.

17. INFORMANT (ADDRESS): William Vandeventer Mexico, Mo.

18. ~~BURIAL, CREMATION~~, OR REMOVAL PLACE: Mexico Mo. DATE: 10/21 1936

19. UNDERTAKER (ADDRESS): C. R. Lupton & Sons St. Louis, Mo

20. FILED: Oct 21 1936 Clarence G Wessler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 21, 1936

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ Held inquest, to Oct 21, 1936

~~I last saw h..... alive on ..... 19.....~~ Death is said to have occurred on the date stated above, at 3:17 p.m.

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

Accidental trauma to the head chest, thigh and pelvis received in an auto accident on Highway 40. while riding as a passenger when the car skidded from the road

Date of onset: Oct 21 1936

Other contributory causes of importance:

Name of operation: none — Date of:

What test confirmed diagnosis? Inquest — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident — Date of injury: Oct 21, 1936

Where did injury occur? Near Filmon Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: public place auto accident

Nature of injury: trauma to body

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify: none

(Signed) Will L Frame, M. D.

(Address) St Charles Mo

Coroner of St Charles Co 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.