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 19 1937

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

Do not use this space.

44367

1. PLACE OF DEATH Greene
County ..... Registration District No. 318
Township ..... Primary Registration District No. 2001
City Springfield (No. 835 W. Webster St. ..... Ward)

File No. .....
Registered No. 987

2. FULL NAME Samuel B. Robertson
(a) Residence, No. 835 W. Webster 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 Male
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~~ Nettie Robertson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5-1870

7. AGE ✓ YEARS 66 MONTHS 6 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frisco R.R. Shops
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) Mo

FATHER
13. NAME George W. Robertson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Martha O'Neal
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

17. INFORMANT (ADDRESS) Nettie Robertson Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn DATE Dec 4, 1936

19. UNDERTAKER (ADDRESS) J. W. Klinger & Co. Springfield, Mo.

20. FILED Dec 4, 1936 Chas. A. George MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1936, to Dec 3, 1936
I last saw him alive on October, 1936. Death is said to have occurred on the date stated above, at 7:00 A m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Mouth & Throat Apr 1936 — Date of onset
Primary seat inside mouth

Other contributory causes of importance:
General Toxemia

Name of operation None Date of .....
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. Newton Wakeman, M. D.
(Address) Springfield, Mo