

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

APR 20 1936

1. PLACE OF DEATH

County Jackson Registration District No. 396  
Township East Cory Primary Registration District No. 4233  
City Burlington (No.     ) St.      Ward     

File No. 47766  
Registered No. 8

2. FULL NAME

Babe Robertson  
(a) Residence, No. Buckner Mo. Ward.       
(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 F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) still born

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25-36

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 0 hrs. or 0 min. 0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. still born babe

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) Buckner Mo

13. NAME Oro Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Waverly Mo

15. MAIDEN NAME Helmer M. McLaughlin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Creek Mo

17. INFORMANT Verbon McLaughlin (ADDRESS)     

18. BURIAL, CREMATION, OR REMOVAL PLACE Buckner Mo DATE May 26 1936

19. UNDERTAKER U. M. Reppert (ADDRESS)     

20. FILED 4-10 1936      Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25 1936 to May 25 1936. I last saw her alive on still born, 1936. Death is said to have occurred on the date stated above, at 1:20 PM. The principal cause of death and related causes of importance were as follows:

Still Born  
Date of onset     

Other contributory causes of importance: X

Name of operation None Date of X  
What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury X, 1936. Where did injury occur? X (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury X  
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify X. (Signed) John W. Robertson, M. D. (Address) Buckner, Mo.

