

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

Do not use this space.

MAR 25 1937

1. PLACE OF DEATH

County IRVY Registration District No. 744
 Township RICHMOND Primary Registration District No. 3035
 City RICHMOND (No. St. Ward)

File No. 7818
 Registered No. 19

2. FULL NAME MARY ROBERTSON

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1937 to Feb 13, 1937
 I last saw her alive on Feb 13, 1937 Death is said to have occurred on the date stated above, at 2:28 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25 1876

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 1 18

Date of onset

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

Cerebral Hemorrhage

Other contributory causes of importance: Hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation Date of

13. NAME Lee Mae Brown

What test confirmed diagnosis? Chemical Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

15. MAIDEN NAME

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

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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

17. INFORMANT Sherman Robertson (ADDRESS) Richmond, Mo

Manner of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond, Mo DATE

Nature of injury

19. UNDERTAKER E. M. Jovine (ADDRESS) Richmond, Mo

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

20. FILED 3-10 19 37 E. E. Ray Registrar.

If so, specify

(Signed) E. E. Ray M. D.
 (Address) Richmond, 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.

