

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

Do not use this space.

MAY 20 1937

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0271

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 2001
 City Springfield (No. 1935, Reswell) St. _____ Ward)

File No. _____
 Registered No. _____

2. FULL NAME

Nancy Zade Robertson
 (a) Residence, No. _____ St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Marvin Robertson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1882 July 27
 7. AGE YEARS 54 MONTHS 9 DAYS 3 IF LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 1937
 22. I HEREBY CERTIFY, That I attended deceased from 3-15 1937, to 4-30 1937
 I last saw h. or alive on 4-28 1937 Death is said to have occurred on the date stated above, at 7:30 P. m. 7:30 P.
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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 _____

Cancer - Breast
primary
 Date of onset not known

Other contributory causes of importance: 50

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

13. NAME Franklin Short

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

15. MAIDEN NAME Nancy Thomas

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

17. INFORMANT Mrs Delores Robertson (ADDRESS) Reswell #6 Springfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Lindey Chapel DATE May 2 1937

19. UNDERTAKER P. E. Schuman & Co. (ADDRESS) Republic #2

20. FILED May 1 1937 Chas A. George, M.D. Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? P. hyp. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 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 Yes
 (Signed) J. Musick, M. D.
 (Address) Springfield Mo.

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.

