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

Do not use this space.

39079

File No. 1028

Registered No.

1. PLACE OF DEATH
County: Webster
Township: Grant
City: On U.S. Highway 66, enroute To Burge Hospital St. Ward)

Registration District No. ~~318~~ 19
Primary Registration District No. ~~2001~~ 7

2. FULL NAME: Orin Herschel Robertson
(a) Residence, No. Maple Street St., West Ward. Marshfield, Mo.
(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~~: Olive Ellen Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 11, 1898 ~~1900~~

7. AGE: Years 39 Months 7 Days 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Office Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retail Lumber Yard
10. Date deceased last worked at this occupation (month and year): October 1937
11. Total time (years) spent in this occupation: Always

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

FATHER
13. NAME: Charles C. Robertson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marshfield Mo.

MOTHER
15. MAIDEN NAME: Allie Brannock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marshfield Mo.

17. INFORMANT (ADDRESS): Family Physicians - Dr. J. R. Bruce Marshfield, Mo. Dr. C. R. Macdonnel

18. BURIAL, CREMATION, OR REMOVAL, PLACE: Marshfield Mo DATE: Oct. 27, 1937

19. UNDERTAKER (ADDRESS): Fox Funeral Home Marshfield Mo

20. FILED: Oct 25, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from on October 25, 1937, to ....., 19....
I last saw him alive on October 25, 1937. Death is said to have occurred on the date stated above, at 9:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of Abdomen	Oct. 25 '37
Internal Hemorrhage	
ACCIDENTLY SELF-INFLICTED	
INVESTIGATED BY	
R. R. Kelley Coroner Webster Co	

Other contributory causes of importance:

Name of operation: No Date of
What test confirmed diagnosis? Inspection. 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. 25, 1937
Where did injury occur? Marshfield, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In car in front of place of business
Manner of injury: Discharge of Pistol
Nature of injury: Bullet wound of Abdomen

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. R. Macdonnel, M. D.
(Address) Marshfield, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.