

JAN 19 1938

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

45635  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3020 Registered No. \_\_\_\_\_  
 (c) City Carthage (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Richard Taylor Robertson

(a) Residence, No. 815 S Maple St.  (If nonresident, give city or town and State)  
 (Usual place of abode if no street address, write county or city)

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 Rosa R. Robertson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25, 1867  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 1 29  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Mail  
 9. Industry or business in which work was done, as saw mill, bank, etc. Clerk  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1937  
 22. I HEREBY CERTIFY, That I attended deceased from Oct 2nd 1937, to Dec 23rd 1937  
 I last saw h. in. alive on Dec 22nd 1937. Death is said to have occurred on the date stated above, at 7:45 a.m.  
 The principal cause of death and related causes of importance were as follows:

Influenza Pneumonia Date of onset Feb 37  
Myocarditis  
Septicemic Pneumonia Oct 2-37  
 Other contributory causes of importance: Muscular Catarrh

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy?

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 \_\_\_\_\_  
 (Signed) E. H. Gray, D.D. M. D. 3  
 (Address) Carthage Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Port Arkansas  
 FATHER 13. NAME Issac Robertson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elgin Arkansas  
 MOTHER 15. MAIDEN NAME Charlotte Goss  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geneva New York  
 17. INFORMANT (ADDRESS) Mrs R. J. Robertson 815 S. Maple Carthage Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE New Port, Ark. DATE Dec 26 1937  
 19. FUNERAL DIRECTOR (ADDRESS) Knees Mortuary Carthage Mo.  
 20. FILED Dec 26 1937 W. M. Howard M.D. Local Registrar

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.

**STATEMENT BY LICENSED EMBALMER**

I, P. W. Kneel, Licensed Embalmer No. 814

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed P. W. Kneel  
Licensed Embalmer No. 814

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**