REC'D MAR 20 1938

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

Do not use this space.

7375

1. PLACE OF DEATH

63 County Maries — Registration District No. 1022 — File No. 84

Township Drycreek — Primary Registration District No. 5732 — Registered No. 1

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Cynthia Ann Robertson 163

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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: 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: Chas. Robertson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4/7/1866

7. AGE: YEARS 71 — MONTHS 10 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois 1

FATHER

13. NAME: Neal Mairon Campbell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama 1

MOTHER

15. MAIDEN NAME: Keaney McDaniel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

17. INFORMANT (ADDRESS): Chas. M. Robertson

18. BURIAL, CREMATION, OR REMOVAL PLACE: Kenner DATE: 2/18 1938

19. UNDERTAKER (ADDRESS): Fred H. Gilbert, Dixon, Mo.

20. FILED 2-25 1938 J. W. Parker, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/17/1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1938, to Feb. 17, 1938

I last saw her alive on 2/11, 1938. Death is said to have occurred on the date stated above, at 3:30 A.m.

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

Broncho-Pneumonia — Date of onset

1072

Other contributory causes of importance: Bronchitis

Name of operation ..... 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) A. J. Eridge, M. D.

(Address) Dixon, Mo.

486

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.

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