REC'D MAY 17 1938

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

Do not use this space.

File No. 14294

Registered No. 6

1. PLACE OF DEATH
County: Carroll
Township: Hurricane
City: ..... (No. ..... St. ..... Ward)
Registration District No. 137
Primary Registration District No. 5-193-

2. FULL NAME: William Huston Robertson 163

(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

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: Mrs. Viola Robertson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 9 - 1859

7. AGE: Years 78 Months 4 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Macon, Co. Mo.

FATHER

13. NAME: John J. Robertson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Olivia Pollard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT: Mrs Susie Johnston
(ADDRESS) Greenburg Indiana

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hale Cemetery DATE: May 1, 1938

19. UNDERTAKER: Frank E. Slater
(ADDRESS) Hale Mo

20. FILED 4-30-1938 W P Kennedy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1938, to April 28, 1938, I last saw ~~him~~ alive on April 29, 1938. Death is said to have occurred on the date stated above, at 5:00 m.

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

	Date of onset
Carcinoma of liver	1-1-38

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? no
If so, specify .....

(Signed) W P Kennedy, M. D.
(Address) Hale 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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD