

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

19296
 Do not use this space.

REC'D JUN 10 1938

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735
 (b) Township _____ Primary Registration District No. 3034 Registered No. 105
 (c) City Moberly (d) Street No. 522 So Williams St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Linna C. Robertson 167

(a) Residence, No. 522 So Williams 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. (Unknown) 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as 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) Mo

FATHER 13. NAME Samuel Robertson

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

MOTHER 15. MAIDEN NAME Margaret Hustin

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

17. INFORMANT (ADDRESS) N. D. Robertson
Centralia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope, Renick DATE May 19th 1938

19. FUNERAL DIRECTOR (ADDRESS) Mahan and Son
Moberly, Mo.

20. FILED May 19th 1938 Ethel White
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19th 1938

22. I HEREBY CERTIFY, That I attended deceased from 1 1938 to May 17 1938
 I last saw her alive on May 1 1938 Death is said to have occurred on the date stated above, at 1:25 Pm.
 The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset 25 Oct 1930

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? _____

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) N. D. Mease M. D.
 (Address) Moberly, 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.

STATEMENT BY LICENSED EMBALMER

Albert K. Mahan

Licensed Embalmer No.

1849

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

me

L. E.

No..... or by.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Albert K. Mahan

Licensed Embalmer No.

1849

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.)