

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

**26108**  
 Do not use this space.

**30 AUG 26 1938**

1. PLACE OF DEATH  
 (a) County Peru Registration District No. 681  
 (b) Township Northsville Primary Registration District No. 4388  
 (c) City Northsville (d) Street No. \_\_\_\_\_ 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 James Robertson 11. 3  
 (a) Residence, No. \_\_\_\_\_ 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED -  
 HUSBAND OF \_\_\_\_\_  
 (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
About 65

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. laborer  
 10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (year) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Mo

FATHER  
 13. NAME James Robertson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss Mo

MOTHER  
 15. MAIDEN NAME Wend Jones  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss Mo

17. INFORMANT Tom Robertson  
 (ADDRESS) Country, Mo

18. BURIAL INFORMATION (OR REMAINS)  
 PLACE Country, Mo DATE July 8, 1938

19. FUNERAL DIRECTOR (NAME) W. M. Fordrew  
 (ADDRESS) Country, Mo

20. FILED Aug. 10, 1938 Eida Martin  
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1938, to July 7, 1938  
 I last saw him alive on July 7, 1938. Death is said to have occurred on the date stated above, at 3:00 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Uncontrollable colitis Date of onset \_\_\_\_\_  
Unsanitary condition. Treating self  
 Other contributory causes of importance: Eating infected milk and orange juice  
 Name of operation No 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? Yes  
 If so, specify Yes  
 (Signed) Jacob M. Coakfield, M. D.  
 (Address) Country, Mo

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**