

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.

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

Do not use this space.

1938 MAY 19 1938

15212

1. PLACE OF DEATH

County Jefferson
Township Jefferson
City Jefferson (No. WEBB CITY, MO.)

Registration District No. 413
Primary Registration District No. 5559.C.

File No. _____
Registered No. 23
St. Cole Ward

2. FULL NAME

(a) Residence, No. 719 N. Main St.
(Usual place of abode)

Ward. Jefferson City

At nonresident, give city of 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. L. Robertson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 6 - 1870</u>		
7. AGE	YEARS	MONTHS
	<u>68</u>	<u>11</u>
		DAYS
		<u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Journalist</u>		11. Total time (years) spent in this occupation
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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1937, to April 2, 1939.

I last saw her alive on Mar 30, 1939. Death is said to have occurred on the date stated above, at 6:45 m.

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

Pulmonary Tuberculosis

Other contributory causes of importance: 72'

Name of operation None Date of _____

What test confirmed diagnosis? Res ppr Was there an autopsy? No

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Cheney, Mo

13. NAME Abbeard Rugg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
2-9

15. MAIDEN NAME Elizabeth Rogers

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

17. INFORMANT (ADDRESS)
Records

18. ~~APPROPRIATE CONNECTION OR~~ REMOVAL
PLACE Jefferson City DATE 4/4 - 38

19. UNDERTAKER (ADDRESS)
Wahle City, Ind Co

20. FILED MA 3.39 19 38
J. L. Gitchett M.D.
Registrar.

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) James E. Dancy, M. D.
(Address) Jefferson City

RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-1022

Date Filed MAY 2 1939