

JUL 17 1939

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

22774  
Do not use this space.

1. PLACE OF DEATH  
(a) County New Madrid 2 Registration District No. 605  
(b) Township Conno Primary Registration District No. 4357  
(c) City \_\_\_\_\_ (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 William Henry Robertson  
(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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17-1867  
7. AGE YEARS 72 MONTHS 1 DAYS 26 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming  
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) Malden Ind.  
13. NAME Maloy Robertson  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.  
15. MAIDEN NAME Michiel Miller  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.  
17. INFORMANT (ADDRESS) J. H. Robertson Malden Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Malden Mo. DATE 6-14-1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Craig Malden Mo.  
20. FILED 6-13 1939 Dr. George W. Curtis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1939  
22. I HEREBY CERTIFY That I attended deceased from my 25 1939 to June 13 1939  
I last saw him alive on June 12 1939 Death is said to have occurred on the date stated above, at 4 P. m.  
The principal cause of death and related causes of importance were as follows:  
Myocarditis Long standing  
Date of onset \_\_\_\_\_  
Other contributory causes of importance:  
Rumatic fever -  
Rumatic Hep. general nature  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? any 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) George W. Curtis M.D.  
(Address) Malden

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

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.

20M-9-33 I X18603

carestrom

(Licensed Embalmer's Statement on Reverse Slide)

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**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.**