

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

**33256**  
 Do not use this space.

OCT 13 1939

1. PLACE OF DEATH  
 (a) County Pike Registration District No. 68  
 (b) Township Calumet Primary Registration District No. 5909A Registered No. 5-  
 (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 Ellen Robertson  
 (a) Residence, No. Rd. 2 across from chd 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 black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10<sup>th</sup> 1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>91</u>	<u>5</u>	<u>24</u>	

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.  
 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) Va

FATHER  
 13. NAME Mr. Bertin  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

MOTHER  
 15. MAIDEN NAME Linkmeaver  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linkmeaver

17. INFORMANT (ADDRESS) Robert Ogden  
Paynesville

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Ramsey DATE Sept. 7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wash. & Devere Co.  
Galva - Mo

20. FILED Sept 5 - 1939  
Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4<sup>th</sup> 1939

22. I HEREBY CERTIFY, That I attended deceased from up to death to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Prostration following chronic Bronchitis  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: Age 10 1/2

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) C. L. Barkhead M. D.  
 (Address) Paynesville, Mo

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. S. No. 90M-9-19-39 X-16605  
 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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-1721

Date Filed OCT 3 1939

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 Norman E. Hooch

Licensed Embalmer No. 2343

P. O. Address Esolia mo

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.