

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.

35559

1. PLACE OF DEATH

County Cochran

Registration District No. 88

File No. 1078

Township St. Joseph

Primary Registration District No. 101

Registered No. 1078

City St. Joseph

(No. Mo. Methodist Hospital)

St. Grant City, Mo. Ward

2. FULL NAME

Dorothy Lee

Robertson

(a) Residence, No. 163

St. Grant City, Mo.

Ward

(Usual place of abode)

(If nonresident, give city or 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

infant

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

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

Oct. 20, 1939

7. AGE

YEARS 0

MONTHS 0

DAYS 0

If LESS than 1 day, 0 hrs. or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Joseph, Mo.

FATHER

13. NAME

Victor Lee Robertson

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

Albany, Mo.

MOTHER

15. MAIDEN NAME

Marjorie Marie Eagle

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

Grand Junction, Iowa

17. INFORMANT (ADDRESS)

Victor Robertson Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Glenn Chapel

DATE 10/21/39

19. UNDERTAKER (ADDRESS)

Arch C. Duffell Grant City, Mo.

20. FILED

Oct 21 1939 H. Mesolebush

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from
at Birth - 10 to Oct 20, 1939

I last saw her alive on 10/10/39 Death is said to have occurred on the date stated above, at Birth
The principal cause of death and related causes of importance were as follows:

Prolonged labor before delivery
Shoulder Presentation

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? exam Was there an autopsy? Yes

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 _____

(Signed) E. E. Wadlow, M. D.
(Address) 620 Francis St., St. Joseph

NOTE: This document MUST BE SIGNED BY THE LICENSED EMBALMER in his own handwriting.
(Failure to comply with this regulation constitutes grounds for revocation of license.)

Licensee Embalmers No. _____

(Signed) _____

by _____, Registrar, Appointed No. _____

certified to have been embalmed by _____

_____ that the body recorded on the reverse side

of this certificate is _____, Licensed Embalmer No. _____

CERTIFICATE BY LICENSED EMBALMER

CERTIFICATE BY LICENSED EMBALMER

Arch C. Dangle, Licensed Embalmer No. 3252

hereby certify that the body recorded on the reverse side of this

certificate was embalmed by _____

by _____, Registrar, Appointed No. _____

(Signed) Arch C. Dangle
Licensee Embalmers No. 3252

NOTE: This document MUST BE SIGNED BY THE LICENSED EMBALMER in his own handwriting.
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