

MO FEB 17 1941

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

3328
Do not use this space.

1. PLACE OF DEATH

(a) County Mc Donald Registration District No. 1167
 (b) Township Richwood Primary Registration District No. 6689
 (c) City Rockycomfort (d) Street No. _____
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Anna May Robertson

(a) Residence, No. Rockycomfort St. Mo. (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17 1885

7. AGE YEARS 55 MONTHS 3 DAYS 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Arkansas

13. NAME Henry A. Vanbskirk

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

15. MAIDEN NAME Polly Ann Cogburn

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

17. INFORMANT (ADDRESS) Thomas A. Robertson
Rockycomfort, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rockycomfort DATE Jan. 23 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. J. Hayes
Wheeler Mo.

20. FILED 1-25 1941 Ada Collins
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20th 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1941, to Jan 20, 1941
 I last saw him alive on Jan 20, 1941 Death is said to have occurred on the date stated above, at 6:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Labor Pneumonia
Rath Lung. Jan 17

Other contributory causes of importance: 61
Asiatic 2/19/35

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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? no
 If so, specify _____
 (Signed) John P. Egan M. D.
Wheeler Mo. (Address)

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.

I X 16405

RECORDED

District 1 Group No. 6,

District 241-269

Date Filed FEB 11 1941

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.....

Wm Marcus Pope, Registered Apprentice No.
working under my personal supervision.

Signed Wm Marcus Pope

Licensed Embalmer No. 7442

P. O. Address Whitton 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.