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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36683

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 935

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1025 S. New Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 69 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1025 S. New Ave. 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME BIDIE JEFFERSON ROBERTSON

3. (b) If veteran, name war None

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single ( )

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased October (Month) 24, (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	0	28	..... hr. ..... min.

9. Birthplace Greene County, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business Farmer

FATHER
12. Name John Robertson 9
13. Birthplace no record (City, town, or county) no record (State or foreign country) 1

MOTHER
14. Maiden name Eleanor Gault 9
15. Birthplace no record (City, town, or county) no record (State or foreign country) 1

16. (a) Informant Mrs. Fred Hanson
(b) Address 1025 S. New, Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 26 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Danforth Cemetery

18. (a) Signature of funeral director Fred C. Thieme
(b) Address Springfield, Missouri

19. (a) 11-25-46 (Date received local registrar) (b) W. S. Handley M.D. (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22nd year 1946 hour 3:45 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from no physician in attendance, 19....; that I last saw h. alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Poisoning by strychnine	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Congestion of all viscera Strychnine in stomach	

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PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Nov 22 1946

(c) Where did injury occur? Springfield (City or town) Greene (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In the home (Specify type of place)

While at work? no (e) Means of injury Strychnine V

23. Signature Murray C. Stone Coroner (M. D. or other) 3

Address Springfield, Mo Date signed 11-22-46

(Licensed Embalmer's Statement on Reverse Side)

MAY 9 1948

APR 30 1948

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 Ralph H. Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

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, fact should be so stated above.