FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25334

FILED AUG 18 1948

Registration District No. ..... Primary Registration District No. 3000 ..... Registrar's No. 206

1. PLACE OF DEATH:

(a) County: Adair

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

(c) Name of hospital or institution: Laughlin Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 Day (Specify whether in this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Macon

(c) City or town: New Cambria (If outside city or town limits, write "RURAL")

(d) Street No.: no (If rural, give location)

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

If yes, name country: —

3. (a) PRINT FULL NAME: Frank Robertson

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Jennie Robertson

6. (c) Age of husband or wife if alive: 32 years

7. Birth date of deceased: January (Month) 5 (Day) 1871 (Year)

8. AGE: 77 Years ~~[illegible]~~ Months 6 Days 29 If less than one day — hr. — min.

9. Birthplace: South St Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Printer

11. Industry or business: Editor

FATHER
12. Name: Wash Robertson
13. Birthplace: — (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Elizabeth McDonald
15. Birthplace: Plato (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs Jennie Robertson

(b) Address: New Cambria Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 7 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: New Cambria Cemetery

18. (a) Signature of funeral director: H. J. Hilleland

(b) Address: New Cambria Mo.

19. (a) 8-9-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4 year 1948 hour 4 minute 05 P M.

21. I hereby certify that I attended the deceased from Aug 4, 1948, to time of death that I last saw him alive on Aug 4, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Surgical shock and toxemia PERITONITIS	
Due to: Peritonitis and intestinal obstruction	4 days
Due to: Gangrenous, ruptured appendicitis APPENDIX	10 days
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Intestinal obstruction Peritonitis, appendicitis PERITONITIS

Of autopsy:

PHYSICIAN — Underline the cause of which death should be charged statistically.

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

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

(b) Date of occurrence

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

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

While at work? (e) Means of injury

23. Signature: Carl Laughlin (M. D. or other) D.O.

Address: Kirksville, Mo. Date signed: 8-4-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-48-145
Date Filed AUG 17 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 H. J. Gilleland

Licensed Embalmer No. 4019

P. O. Address New Cambria 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, fact should be so stated above.