

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

Do not use this space.

MAR 25 1937

1. PLACE OF DEATH

County IRVY Registration District No. 744 File No. 7818
 Township RICHMOND Primary Registration District No. 3035 Registered No. 19
 City RICHMOND (No.) St. Ward)

2. FULL NAME MARY ROBERTSON

(a) Residence, No. St. Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1937, to Feb 13, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25 1876

I last saw her alive on Feb 13, 1937 Death is said to have occurred on the date stated above, at 28 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 1 18

The principal cause of death and related causes of importance were as follows:

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

Date of onset

Cerebral Hemorrhage
Hypertension

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

Other contributory causes of importance:
Hypertension

13. NAME Lee Not Known

Name of operation Date of

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

What test confirmed diagnosis? Autopsy Was there an autopsy? No

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

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

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT Charles Robertson (ADDRESS) Richmond Mo

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury Nature of injury

PLACE Richmond Mo DATE 19

24. Was disease or injury in any way related to occupation of deceased? No

19. UNDERTAKER S. M. Jovine (ADDRESS) Richmond Mo

If so, specify

20. FILED 3-10 19 37 E. E. Ray Registrar.

(Signed) E. E. Ray M. D.

(Address) Richmond Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE SHOULD STATE CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

