

DEC'D APR 20 1938

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

Do not use this space.

1. PLACE OF DEATH
 County JOHNSON
 Townshp
 City Warrensburg (No.

 Registration District No. 431
 Primary Registration District No. 3023

 File No. 11191
 Registered No. 29
 St. _____ Ward)
2. FULL NAME
Alta Robertson 163

 (a) Residence, No. 104 King St., Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS
 3. SEX M 4. COLOR OR RACE WH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1877

 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 3 11

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

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) 20 years ago 11. Total time (years) spent in this occupation.

 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co. Mo.

 13. NAME George W. Robertson

 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co. Mo.

 15. MAIDEN NAME Stinson

 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co. Mo.

 17. INFORMANT Mrs Alta Robertson (ADDRESS) Warrensburg Mo.

 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cem. Moniteau Co. Mo. DATE Mar. 28, 1938

 19. UNDERTAKER W.E. Wilson Funeral Service (ADDRESS) Warrensburg Mo.

 20. FILED Mar 28, 1938 Eva Denton Registrar.
MEDICAL CERTIFICATE OF DEATH
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 26, 1938

 22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1938, to Mar 26, 1938
 I last saw him alive on Mar 26, 1938. Death is said to have occurred on the date stated above, at 2:20 P.m.

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

Perinephritic Abscess, right side
1332

 Other contributory causes of importance: nephrectomy left several years ago

 Name of operation none Date of _____

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

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) J. W. Patterson M. D.

 (Address) Warrensburg Mo

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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