

MAY 25

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

Do not use this space.

13618

1. PLACE OF DEATH

County Moniteau Registration District No. 214
Township Burns Fork Primary Registration District No. 5774R
City (Name) _____

File No. _____
Registered No. 11
St. _____ Ward _____

2. FULL NAME Katherine Russell Robertson

(a) Residence No. Enon, Missouri St. _____ Ward _____
(Usual place of abode)

(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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Judge N. J. Robertson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 21, 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
89 5 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Houswife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Russellville
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Joseph Russell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Russellville
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Jane Leslie
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Russellville
(STATE OR COUNTRY) Missouri

14. INFORMANT Grace Wetzel
(Address) Enon, Mo

15. FILED April 14, 1934 Mrs. H. L. Carloe
Russellville, Mo REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14, 1934

17. I HEREBY CERTIFY That I attended deceased from March 1934 to April 14, 1934 that I last saw her alive on April 10, 1934 and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93 (duration) 3 yrs. mos. ds.
CONTRIBUTORY Acute Dilatation
(SECONDARY) of Heart (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. 93

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

19. WHO IS THE BEST CONFIRMED DIAGNOSIS (Signed) W. L. Leslie M. D.
April 14, 1934 (Address) Russellville, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Cem. High Point Mo. DATE OF BURIAL 4/15/34

20. UNDERTAKER Hugo H. Schubert ADDRESS Russellville 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.

