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

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.

JUL 28 1933

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

Do not use this space.

22169

1. PLACE OF DEATH
112 County Webster — Registration District No. 896 — File No.
2 Township Ozark — Primary Registration District No. 4542 — Registered No. 24
6 City Marshfield (No. , St. Ward)

2. FULL NAME Mattie Ann Robertson

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred approx. 82 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 Daniel Wesley Robertson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 8, 1845

7. AGE: YEARS 87 — MONTHS 10 — DAYS 18 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene County

FATHER
13. NAME Garland Shackelford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) J.H.C.W.-D.A. Robertson - Eva B. Prescott Marshfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marshfield DATE 4/27/33 19

19. UNDERTAKER (ADDRESS) Dex Dainey Marshfield Mo

20. FILED 19 J R Bruce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1933, to June 25, 1933
I last saw her alive on June 20, 1933 Death is said to have occurred on the date stated above, at 12:30 m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocardial Insufficiecy (Senile Myocardial Atrophy) — Date of onset 2 yrs.

93C
93D
93 d 2

Other contributory causes of importance: Spastic Colitis

Name of operation — Date of —
What test confirmed diagnosis? Clinical only 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) C.R. Macdonnell, M. D.
(Address) Marshfield, Mo.