

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space

WAR 24 1934

1865-5
4
5

1. PLACE OF DEATH
 64 County Marion Registration District No. 547
 Township Marion Primary Registration District No. 3079
 City Hannibal (No. Leveung Hospital) St. _____ Ward _____

2. FULL NAME Josephine Robertson
 (a) Residence, No. 2604 Hope St 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) Widow

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. H. King

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
About 15 — — —

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 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 _____

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

FATHER
 13. NAME William Leonard
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER
 15. MAIDEN NAME Nancy Riley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT Mrs. Geo. Powell
 (ADDRESS) Mabely Rd. Oakwood Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Salt Lick Cem. DATE 1/7/34

19. UNDERTAKER James O. Spencer
 (ADDRESS) Hannibal Mo

20. FILED Jan 9 1934 R. H. Osbiston
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4th 1934

22. I HEREBY CERTIFY That I attended deceased from 1-2-34 to 1-8-34, 1934.
 I last saw her alive on 1-3-34, 1934. Death is said to have occurred on the date stated above, at 3:00 a. m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 10/8

Other contributory causes of importance _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) J. P. Curran M. D.
 (Address) Hannibal Mo

