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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
County Nodaway — Registration District No. 624 — File No. 5910
Township Hopkins — Primary Registration District No. 5826 — Registered No. 3
City ~~Hopkins R.F.D.~~ (No. ..... St. ..... Ward)

2. FULL NAME Robert Filson
(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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Ida
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 9 - 1846
7. AGE: YEARS 88 — MONTHS 1 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Farm
10. Date deceased last worked at this occupation (month and year): 1914
11. Total time (years) spent in this occupation: 50 yrs

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

FATHER
13. NAME: John W. Filson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

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

17. INFORMANT (ADDRESS): Robert Filson Hopkins, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Hopkins Cemetery DATE: Feb. 24 34
19. UNDERTAKER (ADDRESS): F. L. Wetmore Bedford Ia
20. FILED: Mr 3, 1934 — O. H. Sayler, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 22, 1934
22. I HEREBY CERTIFY, That I attended deceased from 12/1, 1933, to 2/22, 1934
I last saw him alive on 2/21/34, 19..... Death is said to have occurred on the date stated above, at 8:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular disease of heart	?
92A	
97	
Other contributory causes of importance: Arteriosclerosis	?

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? .....
If so, specify .....
(Signed) C. W. Kirk, M. D.
(Address) 2/23/34