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.

SEP 29 1938

SEP 29 1936

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

Do not use this space.

30908

File No. 3705

Registered No.

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kan — Primary Registration District No. 1002
City K.C. Mo. (No. Trinity Hospital St. Ward)

2. FULL NAME (Samuel) Walter Robertson

(a) Residence, No. 226 East 30 th 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 - 1887

7. AGE: YEARS 49 — MONTHS 2 — DAYS 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jenkins Music
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Co
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) Kansas

FATHER
13. NAME Samuel Robertson
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 Alda Robertson
(ADDRESS) 226 East 30 St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Seneca - Kansas DATE Aug 10 - 36

19. UNDERTAKER Mrs. C. L. Foster
(ADDRESS) 918 Brookside Ave.

20. FILED 8/12, 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 9 - 36

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1936, to Aug 9, 1936
I last saw alive on Aug 9, 1936 Death is said to have occurred on the date stated above, at pm.
The principal cause of death and related causes of importance were as follows:

Cardiac failure - Mitral insufficiency — Date of onset

Other contributory causes of importance:
Chronic alcoholism

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

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) Chesley L. Young M.D., M. D.
(Address) Brotherhood Bldg
Ko. City, Mo.

C. T.
Dr. C. T. Young
Brotherhood bldg.
Dr. 2611