

Ferguson

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D AUG 24 1938

25391  
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316  
(b) Township Springfield Primary Registration District No. 5439  
(c) City Springfield Street No. Rt. 2 Registered No. 600  
(d) (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. John F. Robertson 1600 St. Rt 2  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 1938, to 1938, 19....., 19.....  
I last saw him dead at home, 19....., 19..... Death is said to have occurred on the date stated above, at 6:30 A.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30 - 1860  
7. AGE YEARS 77 MONTHS 9 DAYS 29 If LESS than 1 day, ..... hrs. or ..... min.

The principal cause of death and related causes of importance were as follows:  
Ribs upper left chest  
all crushed and broken  
from impact  
gored by Bull

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. 0  
10. Date deceased last worked at this occupation (month and year) 0  
11. Total time (years) spent in this occupation 0

Other contributory causes of importance:  
Deviated Septum  
over heart  
185-

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Missouri

FATHER 13. NAME James E. Robertson

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelbourn Missouri

MOTHER 15. MAIDEN NAME Maria Glasscock

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co. Mo

17. INFORMANT (ADDRESS) Mrs. Christiana Robertson Rt 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Aug 16 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Anna Tomney Springfield

20. FILED Aug 1 1938 Chas A. Morgan Local Registrar

Name of operation 13 Date of 1938  
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 murder Date of injury 7-29, 1938  
Where did injury occur? Home (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 13  
Nature of injury 13

24. Was disease or injury in any way related to occupation of deceased?  
(If so, specify) 13  
(Signed) J. Ferguson  
(Address) Springfield Mo.

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

P. O. Address .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING; (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**