

JUL 17 1939

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

22773
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 605
(b) Township Como Primary Registration District No. 4339 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 11-1939</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	<input checked="" type="checkbox"/>
	9. Industry or business in which work was done, as saw mill, bank, etc.	<input checked="" type="checkbox"/>
	10. Date deceased last worked at this occupation (month and year)	<input checked="" type="checkbox"/>
	11. Total time (years) spent in this occupation	<input checked="" type="checkbox"/>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Malden mo</u>		
FATHER	13. NAME <u>Edward B. Robertson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Malden mo.</u>	
MOTHER	15. MAIDEN NAME <u>Pussy Perkins</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Malden mo.</u>	
17. INFORMANT (ADDRESS) <u>Edward Robertson Malden mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Pohlin</u>	DATE <u>6-14 1939</u>
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>none</u>		
20. FILE <u>June 13 1939 Dr. Westphal</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1939

22. I HEREBY CERTIFY That I attended deceased from June 11 1939 to June 13 1939
I last saw him alive on June 12 1939 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Blue Baby -
Date of onset _____

Other contributory causes of importance: 157C

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) Dr. Westphal M.D.
(Address) Malden

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.

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.