

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

Do not use this space.

33118

1. PLACE OF DEATH

County Hodgson
Township Polk
City Marysville Mo. (No.)

Registration District No. 625
Primary Registration District No. 2031

File No.
Registered No. 123
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James M. Vert</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 11-1858</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>81</u>	DAYS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoe Repair</u>		11. Total time (years) spent in this occupation.....
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).....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
unk 9

FATHER 13. NAME John Robertson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Kentucky

MOTHER 15. MAIDEN NAME Martha Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown

17. INFORMANT (ADDRESS)
Delbert Vert Marysville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Sept 13 1939

19. UNDERTAKER (ADDRESS)
Campbell Funeral Home Marysville Mo

20. FILED Sept 12 1939 Marysville Mo Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/11 1939

22. I HEREBY CERTIFY, That I attended deceased from 9/11 1939 to 9/11 1939
I last saw her alive on 9/11 1939 Death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:
Cerebral pneumonia Date of onset 9/9 39
Hemiplegia due to hemorrhage of brain

Other contributory causes of importance: Stroke

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? no
If so, specify.....
(Signed) G. E. Casser M. D.
(Address) Marysville Mo

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.

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