FILED OCT 16 1941

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

32868

Do not use this space.

1. PLACE OF DEATH
(a) County Webster — Registration District No. 896
(b) Township — Primary Registration District No. 4542 — Registered No. 29
(c) or City Marshfield — (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 9 yrs. x mos. x ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alice Elizabeth Robertson
(a) Residence, No. Same St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Joe M. Robertson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 18, 1900

7. AGE: Years 40 — Months 11 — Days 17 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) October 1940
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Plains, Mo.

FATHER
13. NAME Clark Rosser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Birmingham, Ala.

MOTHER
15. MAIDEN NAME Emma Belle Rhodes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra, Missouri

17. INFORMANT (ADDRESS) Joe M. Robertson, Marshfield, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Marshfield DATE Sept. 7, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rex Rainey, Marshfield, Missouri

20. FILED 10/8/ 1941 J. W. Bruce Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5, 1941

22. I HEREBY CERTIFY, That I attended deceased from January, 1937, to Sept 5, 1941. I last saw her alive on Sept. 5, 1941. Death is said to have occurred on the date stated above, at 7:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Nephritis - Chronic Parenchymatous and Nephrosis, with vascular hypertension.	May '37
(2) Cerebral Hemorrhage (due to hypertension)	9/5/41
Other contributory causes of importance: Two free term pregnancies	Nov. 1936, Nov. 1938
Chronic Pyelitis - (Colon Bacillus)	Unknown

Name of operation 131 R Date of
What test confirmed diagnosis? Cystoscopic and numerous function tests. 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) C. P. Macdonnell, M. D.
(Address) Marshfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 6,
District File Number 1941-1590
Date Filed OCT 13 1941

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 [illegible]
Licensed Embalmer No. 3312
P. O. Address Marshfield, Mo.

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

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