

DEC 18 1929

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

Do not use this space.

36253

1. PLACE OF DEATH

County Berry

Registration District No. 31

Township Purdy

Primary Registration District No. 4022

City Purdy (No.)

File No.

Registered No. 2021

St. Ward)

2. FULL NAME

Joseph A. Robberson.

(a) Residence. No. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Sallie Robberson

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

Nov. 25, 1859

7. AGE

YEARS MONTHS DAYS
69 | 11 | 19 | 2 hrs. 15 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER

Harvin Robberson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER

Ries

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Tenn.

14.

INFORMANT (Address)

Mrs. Ora Eden
Purdy Mo.

15.

FILED

12-10-29 Matth Blawenship
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Nov. 14 1929

17.

I HEREBY CERTIFY, That I attended deceased from

that I last saw h. alive on

death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of
Sigmoid
4 1/2 C

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Ernest Mitchell, M. D.
, 19 (Address) Monett, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Wick Cemetery

11-15-29

20. UNDERTAKER

ADDRESS

Blawenship

Purdy.

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.

