

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

Do not use this space.
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1. PLACE OF DEATH

County St. Francois
Township Perry
City Bonnet Terre Mo (No. _____)

Registration District No. 775
Primary Registration District No. 6020

File No. _____
Registered No. 89
St. _____ Ward _____

2. FULL NAME Amina Leona Robertson

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of George W Robertson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 2, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 | 2 | 8

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) French Village
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm. Pigg

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Sarah Griffith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana

14. INFORMANT Howard Robertson
(Address) Bonnet Terre Mo

15. FILED 12/13, 1937 T. C. Bon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 10 1937

17. I HEREBY CERTIFY That I attended deceased from Nov 29, 1937 to Dec 10, 1937 that I last saw him alive on Dec 10, 1937, and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis + arteriosclerosis
Nephritis - 14 years according to history 10 or 12 years
duration 4 yrs. mos. da.

CONTRIBUTORY (SECONDARY) Wrist white gangrene left foot (4 days) (duration) 4 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 59
IF NOT AT PLACE OF DEATH? 1

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? W. W. Egger
(Signed) W. W. Egger, M. D.
Dec 12 1937 (Address) Bonnet Terre 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 Bonnet Terre Cemetery Bonnet Terre Mo DATE OF BURIAL Dec 13 1937

20. UNDERTAKER Benham Undert Co ADDRESS Bonnet Terre 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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