

Matilda F. Robertson

Occupant Name: Matilda F. Robertson

Location: Section M, Lot 13

Date of Birth: 12/9/1872

Date of Death: 7/20/1959

Date of Burial: 7/22/1959

Veteran: No

Lot Owner: H. W. Wacker Jr.

Multiple Occupants: No

Comment:

Life-Long Resident Of Brownstown Dies

Mrs. Matilda F. Robertson, of Brownstown, died at 3:40 a. m. today at her home after an illness of six weeks.

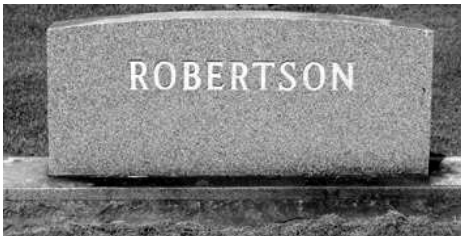
Mrs. Robertson, a life-long resident of Brownstown, was born December 9, 1872, the daughter of the late H. W. and Charlotte Rust Wacker. She was the youngest of five children.

In November, 1887, she married C. O. Robertson, at Brownstown. He preceded her in death in 1949.

Survivors include one daughter Mrs. Stanley Owen, Brownstown; one brother, A. H. Wacker, Eldorado, Ark.; four nieces and one nephew. Three brothers and sisters preceded her in death.

Funeral services will be conducted at 2 p. m. Wednesday from the Zabel Funeral Home, Brownstown, with the Rev. Edsel Granger, pastor of the Brownstown Presbyterian Church, in charge. Burial in Fairview Cemetery, Brownstown.

Friends may call at the Zabel Funeral Home after 10 a. m. Tuesday.



INDIANA STATE BOARD OF HEALTH											
DIVISION OF VITAL RECORDS										State No. 59 022574	
MEDICAL CERTIFICATE OF DEATH											
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (where deceased lived, if institution, residence before admission) a. STATE <u>INDIANA</u>		b. COUNTY <u>JACKSON</u>							
3. CITY, TOWN, OR LOCATION <u>Brownstown</u>			c. Length of Stay in ID <u>LIFE</u>								
4. NEAREST HOSPITAL OR INSTITUTION			d. STREET <u>Brownstown</u>								
e. IS PLACE OF DEATH INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			f. IS RESIDENCE INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
g. IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			4. DATE OF DEATH Month <u>7</u> Day <u>20</u> Year <u>1959</u>								
5. NAME OF DECEASED (Type or print) <u>MATILDA F. ROBERTSON</u>		7. MARRIAGE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED		8. DATE OF BIRTH Month <u>12</u> Day <u>9</u> Year <u>1872</u>							
6. SEX <u>F</u>		8. COLOR OF RACE <u>WHITE</u>		9. AGE in years (Specify) Sex <u>Female</u> Min. <u>86</u>							
10. Usual occupation (If deceased was a student, state school, college, or university attended, name, and dates of attendance.) <u>HOUSEWIFE</u>			11. PLACE OF BIRTH (Country) <u>INDIANA USA</u>								
12. FATHER'S NAME <u>H. W. WACKER</u>			14. MOTHER'S MARRIAGE NAME <u>CHARLOTTE RUST</u>								
13. Was deceased ever in U. S. Army service? (If yes, give year or dates of service.) <u>No</u>			15. USUAL RESIDENCE <u>MRS. STANLEY OWEN</u>								
16. DECEASED'S ADDRESS <u>Brownstown, Ind.</u>			17. RELATIONSHIP TO DECEASED <u>DAUGHTER</u>								
18. CAUSE OF DEATH (Specify any cause per 104-2.6, 104-2.7, and 104-2.8) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute bacterial pneumonia</u> CONDITIONS, IF ANY, WHICH PRECEDED ABOVE CAUSE (b) <u>Hypertensive vascular disease</u> DISEASE OR INJURY (c) <u>sp.</u> DISEASE OR INJURY (d) <u>sp.</u> DISEASE OR INJURY (e) <u>sp.</u>											
19. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)											
21. TIME OF INJURY (Specify hour, month, day, year) a. m. <u>3:40</u> p. m. <u>7/20/59</u>											
22. PLACE OF INJURY (a. in, or above, or below ground) b. home, hotel, factory, school, office, etc.		23. CITY, TOWN, OR LOCATION COUNTY STATE <u>Brownstown Jackson Ind.</u>									
24. ATTENDING PHYSICIAN: I certify that I attended the deceased from <u>3/4/57</u> to <u>7/20/59</u> and last saw him alive on <u>7/12/59</u> . Death occurred at <u>3:40 a. m.</u> on <u>7/20/59</u> . I am a G.P. or the one named above, and to the best of my knowledge, from the cause stated.											
25. SIGNATURE OF PHYSICIAN (Type or print) <u>Edsel Granger M.D.</u>											
26. SIGNATURE OF DEATH REGISTRAR (Type or print) <u>Edsel Granger</u>		27. ADDRESS <u>Brownstown Ind.</u>		28. DATE SIGNED <u>7.20.59</u>							
29. HEALTH OFFICER (Type or print) <u>Edsel Granger</u>		30. HEALTH OFFICER (Type or print) <u>Edsel Granger</u>									
31. HEALTH OFFICER (Type or print) <u>Edsel Granger</u>		32. HEALTH OFFICER (Type or print) <u>Edsel Granger</u>									