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

Do not use this space. 544

1. PLACE OF DEATH Cole
County ..... Registration District No. 213 ..... File No. .....
Township ..... Primary Registration District No. 3014 ..... Registered No. 3
City Jefferson (No. ..... St. ..... Ward)

2. FULL NAME Margaret Jane Robison
(a) Residence. No. 420 Vista Place St. ..... Ward. 0
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) —

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 26 - 1926

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	1	5	

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

9. BIRTHPLACE (CITY OR TOWN) Jefferson
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER F L Robinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Schell City
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Emma R Haupt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cape Girardeau Mo
(STATE OR COUNTRY)

14. INFORMANT F L Robinson
(Address) 420 Vista Pl

15. FILED 1-5 1928 S. V. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/1 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1927, to Jan 1st, 1928 that I last saw her alive on Jan 1, 1928 and that death occurred, on the date stated above, at 1 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108 101a
(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY) None
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) H L Taylor M. D
1-3, 1928 (Address) Jefferson City 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 Peverview Cem
DATE OF BURIAL 1/3 1928

20. UNDERTAKER Dawson Tanner
ADDRESS Jo C Mo

CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state