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.

MAY 27 1930

H Miller

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

Do not use this space.

13619

1. PLACE OF DEATH
County Pike Registration District No. 68 File No.
Township Buffalo Primary Registration District No. Registered No.
City Louisiana, Mo (No. Pike County Hospital St. Ward)

2. FULL NAME Ida Robinson Clarkson
(a) Residence. No. 311 S. 6th St St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1/15-74

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	56	2	16	

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

9. BIRTHPLACE (CITY OR TOWN) Scott Co
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER Joseph Robinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Scott Co
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Polly Jewett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Scott Co
(STATE OR COUNTRY) Illinois

14. INFORMANT John Clarkson
(Address) 311 S. 6th St. Louisiana Mo

15. FILED 4/2 1930 F C Haley Jr REGISTRAR
Louisiana Mo

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 1st 1930

17. I HEREBY CERTIFY, That I attended deceased from a year ago, 19, to 4-1, 1930 that I last saw her alive on 3-30, 1930, and that death occurred, on the date stated above, at 12:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Liver
46E
12-6 (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Gall Stones
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yrs DATE OF 6 months prior
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J H Miller, M. D.
4/1, 1930 (Address) Louisiana 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
Bowling Green Mo	4/2 1930

20. UNDERTAKER	ADDRESS
F C Haley Jr	Louisiana Mo