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 22 1933

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

Do not use this space.

13734

1. PLACE OF DEATH
County Lafayette — Registration District No. 461 — File No. 36
Township Lexington — Primary Registration District No. 3624 — Registered No.
City (No. St. Ward)

54 6 4

2. FULL NAME Della L. Robinson

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 1903

7. AGE YEARS 29 MONTHS 10 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Mo

FATHER
13. NAME Floyd Keaton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Laura Mulligan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) W. A. Robinson Lexington Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington Mo DATE April 10 1933

19. UNDERTAKER (ADDRESS) Ernest Feger Lexington Mo

20. FILED April 8 1933 Mrs. Worth Bates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-8, 1933 to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Fatty Degeneration of Heart — Date of onset

930

Other contributory causes of importance:

Name of operation Autopsy Date of 4-8-33
What test confirmed diagnosis? Heart Examination Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. L. Johnston Coroner, M.D.
(Address) Concordia