

JAN 14 1935

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... **St. Louis** (No. **1926**, East **Warne Ave.** St. **11948** Ward)

2. FULL NAME

Mahala F. Robison

(a) Residence, No. **1926 East Warne Ave.** St. **9** Ward. (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 24th, 1848**

7. AGE YEARS **86** MONTHS **2** DAYS **18** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Home**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) **Missouri**

13. NAME **George W. Ledofrd**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ky.**

15. MAIDEN NAME **Catherine Brashears**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ky.**

17. INFORMANT (ADDRESS) **Mrs. E. J. Lake 1926 East Warne Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New London, Mo.** DATE **Dec. 18, 1934**

19. UNDERTAKER (ADDRESS) **H. M. Piper New London, Mo.**

20. FILED **DEC 18 1934** 19 **J. Bredbeck** Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 18, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 14th** 1934 to **Dec 17th** 1934
I last saw him alive on **Dec 17th** 1934. Death is said to have occurred on the date stated above, at **9:15 P.M.**

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
108
152
108
Other contributory causes of importance:
Supernatural gold age
Date of onset **12-18-34**

Name of operation..... Date of.....

What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 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 **no**

If so, specify.....
(Signed) **D. H. Wilson** M. D.
(Address) **4105 W. Stearns Ave**

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.

