JUN 23 1936

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

Do not use this space.

19773

1. PLACE OF DEATH
County: Jasper — Registration District No.: 408
Township: — Primary Registration District No.: 3020 — File No.:
City: Carthage Mo. (McCune Brooks Hospital. St. ..... Ward) — Registered No.:

2. FULL NAME: Jannie Robinson.
(a) Residence, No. 829 E. 5th St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 13 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: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robinson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 25th 1889
7. AGE: Years 46 — Months 5 — Days 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work.
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): Ft Worth Texas

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Eliza Roberts.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tex.

17. INFORMANT: Mrs Lillian Frazier Daughter
(ADDRESS) 829 E. 5th.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cedar Hill Cemetery DATE: 5/28 '36
19. UNDERTAKER: Ulmer Funeral Home
(ADDRESS) Carthage Mo.
20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 25th 1936
22. I HEREBY CERTIFY, That I attended deceased from 5/17 1936 to 5/25 1936
I last saw her alive on 5/25 1936. Death is said to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	6/16 30
Volvulus ileum	

Other contributory causes of importance: none

Name of operation: Remove adhesions — Date of: Relieve pressure
What test confirmed diagnosis? Exp. — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — 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) H. A. La Force, M. D.
(Address) Carthage Mo

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.

WRITE PLAINLY, WITH UNFADING INK. PERMANENT RECORD

20M-2-19-36 X7294

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

Do not use this space.

1. PLACE OF DEATH
County Jasper — Registration District No. 408 — File No.
Township — Primary Registration District No. 3020 — Registered No.
City Carthage (No. , St. Ward)

2. FULL NAME Jamie Robinson
(a) Residence, No. St., Ward
(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 C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) W
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS 46 MONTHS 5 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

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

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

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19
19. UNDERTAKER (ADDRESS)
20. FILED July 17 1936 S. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1936
22. I HEREBY CERTIFY, That I attended deceased from , 19, 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:

	Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) , M. D.
(Address)

SUPPLEMENTARY

WRITE PLAINLY, WITH UNFADING INK. DO NOT USE A PERMANENT RECORD

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.

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