

JUN 23 1936

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

Do not use this space.

19831

1. PLACE OF DEATH

County Jasper Registration District No. 417
Township Jasper Primary Registration District No. 2021
City Webb City (No. _____) St. _____ Ward _____

File No. _____

Registered No. 58

2. FULL NAME Mary Viola Robison

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) N. of Webb City (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>female</u>	4. COLOR OR RACE <u>caucasian</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Albert Robison</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 15 1879</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>8</u>
	DAYS <u>0</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation <u>✓</u>

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/15/36 .1936

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1936, to May 15, 1936.
I last saw her alive on May 15, 1936. Death is said to have occurred on the date stated above, 8:40 P. m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Cerebral palsy
46

Other contributory causes of importance:
Chronic Myocard

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>W. D. Purcell</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>
	15. MAIDEN NAME <u>Elizabeth McKenley</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>
	17. INFORMANT <u>Albert Robison</u> (ADDRESS) <u>Webb City Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Purcell Cemetery</u> DATE <u>5/17</u> 19 <u>36</u>	
19. UNDERTAKER <u>Hedge-Nelson Funeral Home</u> (ADDRESS) <u>Webb City Mo.</u>	
20. FILED <u>5-16</u> 19 <u>36</u> <u>J. L. Oring</u> Registrar.	

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) C. J. Gregory M. D. C.
(Address) Webb City, 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.

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