

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH
103 County Stoddard Registration District No. 834
Township New Liston Primary Registration District No. 0103
City (No.) St. (Ward)

File No. 4619
Registered No. 1

2. FULL NAME Mary P. 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S. M. Robinson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19 - 1892
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 8 16
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.
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) Large Point MO.

13. NAME Robert A. Jenkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galway Ireland

15. MAIDEN NAME Sarah Elizabeth Denny

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co. MO.

17. INFORMANT (ADDRESS) Carl V. Harper Puxco. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE North Antioch DATE Jan. 6 1937

19. UNDERTAKER (ADDRESS) Chiles Undertaking Co. Bloomfield, Mo.

20. FILED 77 1937 B. B. Mc Kee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 - 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 1 1936, to Jan 5 1937
Next saw him alive on Nov 15 1936. Death is said

to have occurred on the date stated above, at 5:30 a.m.

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

Lung Heart
131
Date of onset 2 yrs ago

Other contributory causes of importance:
High Blood Pressure
Arterio-chronic Nephritis

Name of operation Date of

What test confirmed diagnosis? 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 1937

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 E. A. Plummer M. D.

(Signed) E. A. Plummer M. D.
(Address) Puxco, 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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