REC'D MAY 22 1939

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

15536
Do not use this space.

1. PLACE OF DEATH
(a) County Mississippi — Registration District No. 566
(b) Township Tywappity — Primary Registration District No. 3030 — Registered No. 31
(c) City Charleston — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 152 Anna B. Robinson
(a) Residence, No. Charleston, Mo St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Eol
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elijah Robinson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 18, 1894
7. AGE: YEARS 45 — MONTHS 1 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): 3/17/1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Charleston, Miss
FATHER
13. NAME: George Edwards
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama
MOTHER
15. MAIDEN NAME: Lill Levett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Charleston, Miss
17. INFORMANT (ADDRESS): Elijah Robinson, Charleston, Mo R#1
18. BURIAL, CREMATION, OR REMOVAL PLACE: Charleston, Mo DATE: 3/26, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Nunnelee Funeral Home, Charleston, Mo.
20. FILED 4-27, 1939 F S Vernon, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/24, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 1939, to Mar 24, 1939
I last saw her alive on Mar. 6, 1939. Death is said to have occurred on the date stated above, at 2:00p
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulm. Tuberculosis	D.K.

Other contributory causes of importance: 23

Name of operation: none Cl. Sympt Date of
What test confirmed diagnosis? 1 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) E. Chas Polwing, M. D.
(Address) Charleston, Mo

(Licensed Embalmer's Statement on Reverse Side)

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—THIS IS A PERMANENT RECORD

I X14028

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, John F Nunnelee Jr, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed John F Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.