

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

2119  
 Do not use this space.

**1. PLACE OF DEATH**  
 (a) County Clinton Registration District No. 304  
 (b) Township Clinton Primary Registration District No. 3013 Registered No. 5  
 (c) City Cameron (d) Street No. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
**2. PRINT FULL NAME** Elizabeth E. Robinett  
 (a) Residence, No. East 4th. St Cameron St.  (If nonresident, give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

**3. SEX** Female    **4. COLOR OR RACE** White    **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Widow  
**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND OF Widow of Thos. Robinett.  
 (OR) WIFE OF \_\_\_\_\_  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Aug 25, 1890  
**7. AGE** YEARS 49 MONTHS 4 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** Housekeeper  
**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)** \_\_\_\_\_ **11. Total time (years) spent in this occupation** \_\_\_\_\_  
**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Caldwell Co. Mo. 0  
**13. NAME** Tunis Munson 1  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Ohio 0  
**15. MAIDEN NAME** Fannie Ellis  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Caldwell Co. Mo.

**17. INFORMANT** James Munson  
 (ADDRESS) Cameron  
**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Graceland DATE 1-20-1940  
**19. FUNERAL DIRECTOR** J. W. Roland  
 (ADDRESS) Cameron  
**20. FILED** 1/20 1940 D. B. H. Reiser  
 Local Registrar.

### MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Jan. 16, 1940 . 1940  
**22. I HEREBY CERTIFY**, That I attended deceased from Jan 16, 1940 to Jan 16, 1940  
 I last saw her alive on Jan 16, 1940 Death is said to have occurred on the date stated above, 11.30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Virginia Pectoris Jan 16-1940  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 94 a  
 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 \_\_\_\_\_, 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) A. O. Gilliland M. D.  
185 (Address) Cameron 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.

RECEIVED

District Health Officer No. 11;

District File Number 240-45

Date Filed FEB 6 1940

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 4092

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.)