AUG 16 1927

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

Do not use this space.

20828

File No.
Registered No. 136

1. PLACE OF DEATH
County Callaway. Registration District No. 104
Township ~~Fulton.~~ Primary Registration District No. 3008
City Fulton, Mo. (No. , St. Ward)

2. FULL NAME Mrs. Willie Neill 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Samuel Robinson.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 20th, 1853

7. AGE: Years 73 | Months 6 | Days 25 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife.
(b) General nature of industry, business, or establishment in which employed (or employer) DO
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Henry Neill.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Martha Sampson.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky.

14. INFORMANT Mrs. Hort Clatterbuck.
(Address) Guthrie, Mo.

15. July 19, 1927 R. N. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18 1927

17. I HEREBY CERTIFY, That I attended deceased from July, 1926, to July 18, 1927 that I last saw her alive on July 18, 1927, and that death occurred, on the date stated above, at 12 o'Clock M

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uterine Fibroids
Cancerous degeneration
46 (duration) 3.5 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Myocarditis & Endocarditis
Cerebral apoplexy (duration) several yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) R. N. Crews, M. D.
7/19/27, 1927 (Address) Fulton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: White Cloud Church.
DATE OF BURIAL: 7/20/27

20. UNDERTAKER: Herndon-Taylor Furn-eCo.
ADDRESS: Fulton, Mo

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.