B 20 1928 Hope

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

Do not use this space. 391

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125 File No. 1019
Township " " Mt Primary Registration District No. 3009 Registered No.
City " " (No. St. Ward)

2. FULL NAME Jahala L. Robinson
(a) Residence. No. 530 S. Frederick 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) —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 10th 1927
7. AGE YEARS MONTHS 1 DAYS 7 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Cletus Robinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cape Girardeau
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Orpha Bowerman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chaffee
(STATE OR COUNTRY) Mo.

14. INFORMANT Mr. Cletus Robinson
(Address) Cape Girardeau Mo.
15. FILED 1-18 1928 W C Koempfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany 17 1928
17. I HEREBY CERTIFY That I attended deceased from Dec 10, 1927, to Jany 17, 1928 that I last saw her alive on Jany 17, 1928, and that death occurred, on the date stated above, at 9 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
Inanition
154
158 (duration) well life yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D H Hope M.D
1-18-28 (Address) Cape Girardeau 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 Cape Girardeau Fairmont Cem. Mo
DATE OF BURIAL 1-18-28 19
20. UNDERTAKER Al Brinkoff
ADDRESS Cape Girardeau Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.