

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

Do not use this space.

16764

File No. _____
Registered No. **338** _____
St. _____ Ward _____

1. PLACE OF DEATH
County Greene Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield No. 116 E. Monroe St. _____ Ward _____

2. FULL NAME Jenna A. Robinson
(a) Residence. No. 116 E. Monroe 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F | **4. COLOR OR RACE** Wh | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** single

5A. IN MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E.M. Robinson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 7 - 1864

7. AGE YEARS 64 MONTHS 3 DAYS 26 | IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/2 19 28

17. I HEREBY CERTIFY That I attended deceased from 3/1, 1928, to 5/2, 1928
that I last saw him alive on 5/2, 1928, and that death occurred, on the date stated above, at 10:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Liver
46E

CONTRIBUTORY (SECONDARY) 44B (duration) _____ yrs. _____ mos. _____ da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greensboro N. Car.

10. NAME OF FATHER Fred Hawes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Eliza Hasford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Va.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

1. DID AN OPERATION PRECEDE DEATH? Yes DATE of 3/1 28

2. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) H. S. Sullenger, M. D.
5/3, 1928 (Address) Springfield Mo.

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

14. INFORMANT (Address) Frances Overturn Springfield Mo.

15. FILED 5/3/28 D. J. Forstner REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Park **DATE OF BURIAL** 5/4 19 28

20. UNDERTAKER Alma Schmeyer **ADDRESS** 534 St. Louis

Exact statement of OCCUPATION is very important.

JUL 6

