

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

Do not use this space.

21443-a

1. PLACE OF DEATH

County Camden
Township Bridge Bluffs
City Wentling, Mo. (No.)

Registration District No. 653
Primary Registration District No. 5871

File No.
Registered No. 94
St. Ward)

2. FULL NAME Primitiva Robles

(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 Mexican 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF 2

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 27, 1925

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>2</u>	<u>8</u>	<u>4</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work home
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer ✓

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

10. NAME OF FATHER Andres Robles

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

12. MAIDEN NAME OF MOTHER Helena Canada

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

14. INFORMANT Rev. Fr. Walsh
(Address) Camden, Mo.

15. FILED 9-17-1928 J. W. Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 1928

17. I HEREBY CERTIFY That I attended deceased from June 20, 1928, to June 22, 1928 that I last saw her alive on June 20, 1928 and that death occurred, on the date stated above, at home.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Enteritis

17 1/2 (duration) yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY) 1/14 B
(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) Asier J. Speer M.D.
8/28, 1928 (Address) Dering 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 Little Prairie DATE OF BURIAL June 23 1928

20. UNDERTAKER J. L. LaJorge ADDRESS Camden, 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.

