

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

Do not use this space.

1. PLACE OF DEATH

County Yackon Registration District No. 339
 Township Law Primary Registration District No. 72
 City Wannock, Mo. Old City Hospital St. 3448 Ward 3448

File No. 27372
 Registered No. 3448

2. FULL NAME

(a) Residence. No. 1306 Woodland 2 Ward. (If nonresident give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 4 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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 29, 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
24 6 13

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Colombus
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Geo. Robinson

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

12. MAIDEN NAME OF MOTHER Annie Harden

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

14. INFORMANT Little Smith
 (Address) 1623 E. D. St.

15. FILED 8-16-28 M. M. Brown
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 12 1928

17. I HEREBY CERTIFY, That I attended deceased from July 30, 1928, to Aug 12, 1928, that I last saw h. er alive on Aug 8, 1928, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Carcinoma
Broncho Pneumonia
1074
953 / 1000 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Acute Dilatation of Heart (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Unknown

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Chemical & Col
 (Signed) A. M. Smith, M. D.
9/3, 1928 (Address) Old City Hospital

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ridge DATE OF BURIAL Aug 17 1928

20. UNDERTAKER Adkins Bros ADDRESS 2000 E. 12

Disease

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.

WRITE IN INK WITH UNFADING INK—THIS IS A PERMANENT RECORD

