B 23 1929

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

Do not use this space.

2953

1. PLACE OF DEATH
County: Pike — Registration District No.: 689 — File No.:
Township: Buffalo — Primary Registration District No.: 3033 — Registered No.:
City: Louisiana (No.: corner 8th & South Carolina St. Ward)

2. FULL NAME: Sirtha Rule Robinson
(a) Residence. No.: cor 8th & South Cor St., 4 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Henry Robinson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 1st 1854

7. AGE: Years 74 | Months 5 | Days 8 | If LESS than 1 day, ...hrs. or ....min.

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

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

PARENTS
10. NAME OF FATHER: Edward Byron Rule
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Mary Burbridge
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Pike Co Mo

14. INFORMANT: E B Rule
(Address): Louisiana Mo.

15. FILED: 1/9 1929 — Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 9/1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 9/29, 19..., to Jan 9/29, 19..., that I last saw her alive on Jan 9/29, 19..., and that death occurred, on the date stated above, at 9.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Inanition from disease
[illegible]
[illegible]
1 hr (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Myocarditis chronic
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) M. O. Bigger, M. D.
Jan 11 29 (Address) Louisiana 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: Louisiana Mo Riverview Cemetery — DATE OF BURIAL: Jany 10 1929

20. UNDERTAKER: W. F. Bruda — ADDRESS: Louisiana 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.