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

Do not use this space.

19082

1. PLACE OF DEATH

County: Pulaski — Registration District No.: 712 — File No.:

Township: — Primary Registration District No.: 4427 — Registered No.: 17

City: Richland, Mo. — St. — Ward)

2. FULL NAME: Laura Thorne Robison

(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: 3 yrs. 6 mos. 27 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Francis Marion Robison

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April-16-1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	0	28	

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

9. BIRTHPLACE (CITY OR TOWN): Wellsville
(STATE OR COUNTRY): Kans.

PARENTS

10. NAME OF FATHER: Lewis Thorn

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

12. MAIDEN NAME OF MOTHER: Mary Bell Pettsboro

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Wellsboro
(STATE OR COUNTRY): Kans.

14. INFORMANT: Mrs. Roy Varner
(Address): Keokuk-Iowa

15. FILED: 5.15, 1929. Everett A. Oliver, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 14 1929

17. I HEREBY CERTIFY, That I attended deceased from March 30, 1929, to May 14, 1929 that I last saw her alive on May 15, 1929, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pernicious Anemia
71A
[illegible]
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Uterine Bleeding
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Bedside + Laboratory

(Signed) Everett A. Oliver, M. D

5.15, 1929 (Address)

*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: Richland Cemetery — DATE OF BURIAL: 5-16 1929

20. UNDERTAKER: W. H. Jones. Richland, Mo. — ADDRESS

Not June

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pulaski Registration District No. 712 File No.

Township Primary Registration District No. 4427 Registered No. 17

City Richland (No. , St. Ward)

2. FULL NAME Laura Thorne Robison

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	W	M

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

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

7. AGE	YEARS	MONTHS	DAYS	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)
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT
(Address)

15. FILED 7-9, 1929 Everett A. Oliver
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 19

17. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pernicious Anemia
Cause - Unknown

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Uterine Bleeding
Cause - unknown -
(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) , M. D.

, 19 (Address)

*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	DATE OF BURIAL
	, 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

140

S-19082