

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

Do not use this space.

30898

1. PLACE OF DEATH

County Jackson
Township Clair
City Kennett City, Mo.

Registration District No. 399
Primary Registration District No. General Hosp #23

File No. _____
Registered No. 3422
St. _____ Ward _____

2. FULL NAME

Robinson, Cheney Dobbins
(a) Residence. No. 220 1/2 inch 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 14 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed 9/11/29

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56

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

9. BIRTHPLACE (CITY OR TOWN) Beaumont, Texas
(STATE OR COUNTRY)

10. NAME OF FATHER Gonnie Amos
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Bushman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Reynold Clark
(Address) K.C. Gen Hosp # 2

15. FILED 9/17 29 M. M. Brewer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/12 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to 9/12, 1929, that I last saw her alive on 9/12/29, 19____, and that death occurred, on the date stated above, at 9/12/29, 10:24 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia (Labor)
108
162 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Old age (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. M. Smith, M. D.
9/13, 1929 (Address) K.C. Gen Hosp # 2

*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 Highland Cem. DATE OF BURIAL Sept 18 29

20. UNDERTAKER Hathorn Bros ADDRESS 129 Lydia

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.

