

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

Do not use this space.

33056

**1. PLACE OF DEATH**

County Lafayette  
Township Washington  
City Washington (No. .... St. .... Ward)

Registration District No. 461  
Primary Registration District No. 3024

File No. ....  
Registered No. ....

**2. FULL NAME**

Ida Mae Robinson

(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 8 - 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
45 1 15

**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) at home  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Page Co Mo.

10. NAME OF FATHER Ed Bogle

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

12. MAIDEN NAME OF MOTHER Parthenia Larimore

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

14. INFORMANT Wm. A. Robinson

(Address) Lexington Mo

15. Nov 25 1929 J. W. Cope REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 23 1929

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:**

Murder  
Below on skull  
CONTRIBUTORY (SECONDARY) suppuration - poison  
(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? Yes

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) Edmund French, M. D.

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  
Fractured skull

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Adalia MO DATE OF BURIAL Nov 26 1929

20. UNDERTAKER Ernest Hegert ADDRESS Lexington 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.

