

27130

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

## 1. PLACE OF DEATH

 County Johnson  
 Township Washington  
 City Washington

 Registration District No. 4629  
 Primary Registration District No. 5584

 File No. 4  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward)

## 2. FULL NAME

Louise 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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27 1930
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 7

## 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) Independence  
 (STATE OR COUNTRY) Mo
10. NAME OF FATHER E. L. Robinson
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo  
 (STATE OR COUNTRY) Oklahoma
12. MAIDEN NAME OF MOTHER Susie Boyman
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Golden  
 (STATE OR COUNTRY) Mo

 14. INFORMANT E. L. Robinson  
 (Address) Knob Nosh Mo

 15. FILED 9-5-1930 J. A. Koche REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 4 1930
 17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1930 to Aug 4, 1930, that I last saw her alive on Aug 4, 1930, and that death occurred, on the date stated above, at 6:00 a. m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

 (1) ① Bronchial pneumonia  
9  
107A  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.  
 CONTRIBUTORY (SECONDARY) ① Whooping Cough  
 (duration) \_\_\_\_\_ yrs. 1 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 Clinical  
 (Signed) J. W. Hoover, M. D.  
 (Address) Knob Nosh 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 Pittsville Mo DATE OF BURIAL Aug-5 1930

 20. UNDERTAKER E. L. Saults ADDRESS K. H. 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.

THIS IS A PERMANENT RECORD

SEP 25 1930

