

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

Do not use this space.

1907

1. PLACE OF DEATH

County Lefayette
Township Lefayette
City Lefayette (No.)

Registration District No. 461
Primary Registration District No. 3024

File No. 5
Registered No. St. Ward

2. FULL NAME

Maudie M. Robinson

(a) Residence No. St. Ward. (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 Negro 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) Oct. 29 - 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 2 13

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

9. BIRTHPLACE (CITY OR TOWN) Lefayette
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Alanzo Robinson

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

12. MAIDEN NAME OF MOTHER Madie Walker

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

14. INFORMANT Mrs. Alanzo Robinson
(Address) Lefayette Mo

15. FILED Jan 12 1931 Glenn Auduball REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 - 1931 to Jan 12 - 1931 that I last saw him alive on January 11, 1931, and that death occurred, on the date stated above, at Lefayette Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebrospinal Meningitis
Epidemic

18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF

20. WAS THERE AN AUTOPSY? no

21. WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) J. D. Ball M. D.

22. ADDRESS Lefayette Mo.

*State the DISEASE CAUSING DEATH, or deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

23. PLACE OF BURIAL, CREMATION, OR REMOVAL Lefayette Mo DATE OF BURIAL Jan 14 1931

24. UNDERTAKER Ernest Regert ADDRESS Lefayette

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.

FR 11-54
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