

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.

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

Do not use this space.

28866

1. PLACE OF DEATH

County Montana
Township
City California (No.)

Registration District No. 571
Primary Registration District No. 4325

File No.
Registered No. 41
St. Ward)

2. FULL NAME

(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 negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 45 yrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co.

FATHER 13. NAME John Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co.

MOTHER 15. MAIDEN NAME Helia Willis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co.

17. INFORMANT Mrs. Hattie Peterson
(ADDRESS) Montana mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 8-31 1927

19. UNDERTAKER L. B. Harding
(ADDRESS) Jefferson City mo.

20. FILED Aug 31, 1931 Jas. W. Rath
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-30-1931

22. I HEREBY CERTIFY, That I attended deceased from 8-18-1931, to 8-30-1931

I last saw her alive on 8-30-1931 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows: Ulcerated Stomach Date of onset

Other contributory causes of importance: 117A 117A

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) H. B. Robinson, M. D. (Address) Jefferson City mo.

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