

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

Do not use this space.

34749 311

**1. PLACE OF DEATH**

County Jasper Registration District No. 411  
 Township Galena Primary Registration District No. 15003  
 City Joplin (No. 323) Registered No. 17 Joplin Ward)

**2. FULL NAME**

(a) Residence, No. 523 1/2 Joplin 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27-1871  
 7. AGE YEARS 60 MONTHS 4 DAYS 04 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home-maker  
 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) Ohio

13. NAME S. D. Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Elizabeth Able

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Wm. Waddot

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Rose DATE 10-3-

19. UNDERTAKER (ADDRESS) Heurlbut and Co

20. FILED 3 1924 A. Leon Clark Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1-1921  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 10 31 to Oct 1-31  
 I last saw h. alive on Oct 1-31 Death is said to have occurred on the date stated above, at 4:50 p.m.  
 The principal cause of death and related causes of importance were as follows:

Diabetes.  
59  
 Other contributory causes of importance: 59  
 Name of operation — 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) R. J. James M. D.  
 (Address) Joplin 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.

WITH EMPLOYING INK—THIS IS A PERMANENT RECORD

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