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.

NOV 28 1931

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

Do not use this space.

36679

1. PLACE OF DEATH
County WASHINGTON — Registration District No. 887 — File No.
Township BRETON — Primary Registration District No. 4538 — Registered No. 61
City POTOSI (No. , St. Ward)

2. FULL NAME MARY GENEVIEVE ROBINSON
(a) Residence, No. St., Ward.
(Usual place of abode) (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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF N. J. ROBINSON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 14. 1892
7. AGE YEARS 39 MONTHS — DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BEAUTY PALOR OPERATOR
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) POTOSI MO

FATHER
13. NAME EUGENE O'MARA.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) POTOSI MO

MOTHER
15. MAIDEN NAME MARY CONNOLLY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) POTOSI MO.

17. INFORMANT (ADDRESS) E. B. ROBINSON POTOSI MO.
18. BURIAL, CREMATION, OR REMOVAL
PLACE ST LOUIS MO. DATE 10/15 1931
19. UNDERTAKER (ADDRESS) J. B. BOYER & SON POTOSI, MO.
20. FILED 10-14 1931 Jos. L. Thurman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-13 1931

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1931, to 10-13, 1931
I last saw her alive on 10-13, 1931. Death is said to have occurred on the date stated above, at 9A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal Tuberculosis	
23A	

Other contributory causes of importance:

23

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) Jos. L. Thurman, M. D.
(Address) Potosi, Mo.