

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.

5359

1. PLACE OF DEATH

County Madison
Township Palb
City (No. _____) _____

Registration District No. 538
Primary Registration District No. 5724

File No. 11
Registered No. _____
St. _____ Ward _____

2. FULL NAME = Killie Eugene Robinson

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-24-32

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

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 _____ 15711

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown Mo.

13. NAME David F. Robinson

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

15. MAIDEN NAME Lillian Sullivan

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

17. INFORMANT David Robinson (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Palb DATE Feb 25 - 1932

19. UNDERTAKER None (ADDRESS) _____

20. FILED 11 24 19 32 e u Dan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from birth 1932 to Feb 25 1932
I last saw her alive on Feb. 20 1932 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

This was badly damaged spinal bifida - operated by 15711 15711
Other contributory causes of importance: 15711

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? no Date of injury _____ 1932

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? no
If so, specify _____

(Signed) M. B. Barber M. D.
(Address) Fredericktown Mo.

