

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

Do not use this space.

Platter

18373

1. PLACE OF DEATH
99 County, Scotland
Towship, John
City,

Registration District No. 948
Primary Registration District No. 6060

File No.
Registered No.
St. Ward

2. FULL NAME Mary Elizabeth Robinson
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1932
17. I HEREBY CERTIFY, That I attended deceased from July 12 1927, to May 13 1932, that I last saw her alive on May 15 1932, and that death occurred, on the date stated above, at 11:15 a m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gangrene of foot

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24-1880
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 | 10 | 21 |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Scotland Co
(STATE OR COUNTRY) Mo

CONTRIBUTORY (SECONDARY) Chronic arthritis
(duration) yrs. mos. ds. 2 5 ds

10. NAME OF FATHER Wm a Robinson

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

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Iowa
(STATE OR COUNTRY) 3

DID AN OPERATION PRECEDE DEATH? no DATE OF

12. MAIDEN NAME OF MOTHER Emma J. Kintz

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) A. E. Platter M. D.
, 19 (Address) Greensburg, Mo.

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

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

14. INFORMANT Emma J. Robinson
(Address) Greensburg Mo
15. Filed May 17 1932 Mattie Lancaster REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greensburg Cemetery DATE OF BURIAL May 17 1932
20. UNDERTAKER Beth Bassett ADDRESS Memphis

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.

