

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

Do not use this space.

22715

26

1. PLACE OF DEATH

County Jackson Registration District No.
Township Ward Primary Registration District No.
City N. E. 2nd, (No. 4214, E-9th St.) St. Ward)

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 4214-E-9th St., 12 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benj. B. Robinson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-12-1873
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 59 3 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none 235
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) Arkansas

MOTHER 13. NAME Alexandrea Morris

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

15. MAIDEN NAME Jane Davis

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

17. INFORMANT (ADDRESS) Benj. B. Robinson
4214 E-9th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mr. Morris July 2, 1932

19. UNDERTAKER (ADDRESS) Mrs. C. L. Faber
918 Commercial Ave

20. FILED 7/2 1932 M. M. Crowe Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1st 1932

22. I HEREBY CERTIFY That I attended deceased from Aug 1st 1931 to July 1st 1932
I last saw him alive on June 30th 1932 Death is said to have occurred on the date stated above, at 2:20 P.M.
The principal cause of death and related causes of importance were as follows:

Grand Arterio Sclerosis
Ch. Nephritis
Apoplexy, recurrent
Date of onset

Other contributory causes of importance:
894 131 131 131

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

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? No
If so, specify
(Signed) Benj. B. Robinson M. D.
(Address) 1022 Airline Bldg.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

