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

Do not use this space.

1. PLACE OF DEATH St. Louis
County St Ferdinand — Registration District No. 784 — File No. 41388
94
Township St Ferdinand — Primary Registration District No. 6030 — Registered No.
City Kinloch Mo. (No. 17 Evrington ave. St. Ward)

2. FULL NAME Agnis Robnett
(a) Residence, No. Evrington ave St. 17 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JAN 5 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eugene Robnett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4 1914

7. AGE: Years 18 — Months 3 — Days 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 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) Memphis Tennessee

FATHER
13. NAME Marion Gilmore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn.

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Muskogie Okla.

17. INFORMANT (ADDRESS) Eugene Robnett Kinloch Park Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Dec. 18 - 32 19

19. UNDERTAKER C. Young
(ADDRESS) 4400 Kennerly ave.

20. FILED 12/29, 1932 Emma J Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14- 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Verdict of jury. There as there was no powder burns on the body and the husband failed to make a statement at the inquest the deceased came to her death not by accident but by the hands of her husband.

Other contributory causes of importance:
That through left breast by pistol which ranged directly through heart which caused death within a few minutes after being shot

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? at home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Gunshot with pistol
Nature of injury through left breast

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Luke B. Turner, M. D.
(Address) 3718 Finney Blvd.

Home to Dom, C, Dan.