STATE OF ~~KANSAS~~ Missouri

State Board of Health—Division of Vital Statistics

STANDARD CERTIFICATE OF DEATH

Do not write 1912 in this space

1. PLACE OF DEATH: County Jasper 411

Township 49 or City 7 Joplin 5 No. St. St Johns Ward

Registered No. 2002 1 day

2. FULL NAME Elsie Westley Robinson

(a) Residence. No. 17 D #2 St. Baxter Springs Ks. Ward

(Usual place of abode.) (If nonresident, give city or town and state.)

Length of residence in city or town where death occurred 5 yrs. mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds. At St Johns 7 years at Baxter Springs Ks.

Was deceased ever a member of the Army, Navy, or Marine Corps of the United States?

If so, state Organization Rank Period of service

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

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 Alpha Robinson

6. DATE OF BIRTH (month, day, and year) June 7-1902

7. AGE Years 25 Months 6 Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St Mil Co.

10. Date deceased last worked at this occupation (month and year) 1-1

11. Total time (years) spent in this occupation 1 wk.

12. BIRTHPLACE (city or town) (State or country) Mo

FATHER

13. NAME D H Robinson

14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER

15. MAIDEN NAME Maggie Bilbro

16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMANT Alpha Robinson (Address) Baxter Springs Ks

18. BURIAL, CREMATION, OR REMOVAL Place Lowell Date 1/3 1933

19. UNDERTAKER Stevens (Address) Baxter Springs Ks.

20. FILED 1/3 1933 A Hudson Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 1 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-1- 1933 to 1-1 1933

I last saw h. alive on Jan 1 1933 death is said to have occurred on the date stated above at 10 A.m.

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

	Date of onset
Perforated ~~Appt~~	
Diverticulitis colon	Nov 26-32
Intestinal obstruction	Nov 30-32

Contributory causes of importance not related to principal cause:

23. Name of operation Exploratory Date of 1-1-33

What test confirmed diagnosis? Exploratory 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? No

If so, specify

(Signed) J E Chilstrom M. D.

(Address) Joplin Mo.

Be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. 14-1753-8

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist,* etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries. Examples:

EXAMPLE I

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	
Fracture of arm	
Automobile accident	*May 3, 1927*

EXAMPLE II

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Contributory causes of importance not related to principal cause:	
Influenza	*6 weeks ago*

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in each of the above examples happens to be the second cause given.

ADDITIONAL SPACE FOR FURTHER STATEMENT BY PHYSICIAN

.....

.....

.....