

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 508
 Township St. Louis Primary Registration District No. 1000
 City St. Louis No. 17824 Hospital St. John's File No. 3672
 # 17824 Full Name Betty Robinson Registered No. 627
 St. 17824 Ward 1000

(a) Residence, No. 2716 West 9th 26 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred Life yrs. 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) single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31 - 1932

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>2</u>	<u>17</u>	

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Miss.

FATHER
 13. NAME Jake Robinson

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Miss.

MOTHER
 15. MAIDEN NAME Grace Kennedy

16. BIRTHPLACE (CITY OR TOWN) Harmington (STATE OR COUNTRY) Miss.

17. INFORMANT (ADDRESS) Hospital Suburban

18. BURIAL, CREMATION, OR REMOVAL PLACE St. John's DATE Jan. 17, 1933

19. UNDERTAKER (ADDRESS) W. J. Ledner, 21. Co., 1417 1/2 N. Market

20. FILED Jan 17 1933 W. E. Starbuck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17th, 1933

22. I HEREBY CERTIFY That I attended deceased from Jan. 16th, 1933 to Jan. 17th, 1933
 I last saw him alive on Jan. 17th, 1933 Death is said to have occurred on the date stated above, at 1:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Left upper lobar pneumonia Date of onset Jan 12, 33
Primary
108
 Other contributory causes of importance: 107a

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-ray Was there an autopsy? Yes

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?
 If so, specify _____

(Signed) J. P. Rodgers M.D.
 (Address) St. John's Hospital

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.

WHITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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