

Dr Menefee

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

Do not use this space.

✓ 6594

1. PLACE OF DEATH

County Montgomery
Township
City Mineola (No.)

Registration District No. 938
Primary Registration District No. 5786

File No.
Registered No.
St. Ward

2. FULL NAME Mollie L. Robinson

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 16 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Guy Robinson
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 th 1879

7. AGE. YEARS 64 MONTHS DAYS 27 If LESS than 1 day, hrs. or min.

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

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) Saline Co Mo
(STATE OR COUNTRY)

13. NAME G. B. Hubbard

14. BIRTHPLACE (CITY OR TOWN) Montgomery Co Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Lou Taylor

16. BIRTHPLACE (CITY OR TOWN) Livingston Co Mo
(STATE OR COUNTRY)

17. INFORMANT Guy Robinson
(ADDRESS) Mineola Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bryant Cemetery DATE 2/9/33

19. UNDERTAKER C. W. Hopkins
(ADDRESS) Montgomery City

20. FILED 2/10 1933 J. E. Gibson
Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/7/33, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1931 to Feb. 7, 1933

I last saw alive on Feb. 5, 1933 Death is said

to have occurred on the date stated above, at 10:45 am

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

Multiphase Myeloma Date of onset Aug 15 1931

Other contributory causes of importance:

Anaemia 12-7-1932

Name of operation Biopsy Date of Jan 15 1933What test confirmed diagnosis? X-ray 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? If so, specify (Signed) Buell Menefee, M. D.(Address) Montgomery, Mo

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.

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