

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.

APR 21 1933

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33
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Check
Do not use this space.

9226

1. PLACE OF DEATH

County Green
Township Springfield
City Springfield (No. 1540 N. Mississippi)

Registration District No. 318
Primary Registration District No. 2006
St. Johns Hospital

File No. _____
Registered No. 281
St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____ St. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 7 - 1885</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>1</u>
	DAYS <u>22</u>	IF LESS THAN 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House work</u>	
	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) <u>unknown</u>		
FATHER	13. NAME <u>Thomas E. Wood Robinson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME <u>Mary A. Mattinger</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>Frank Coates</u> (ADDRESS) <u>W. Va</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>East Lawn</u> DATE <u>March 30 1933</u>		
19. UNDERTAKER (ADDRESS) <u>J. W. Mattinger & Co., Springfield, Mo.</u>		
20. FILED <u>3-29-1933</u> <u>Ralph W. Humphrey</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-28-1933 to 3-29-1933
I last saw h. l. alive on 3-29-1933 Death is said to have occurred on the date stated above, at 4A.m.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris.
944 946
Other contributory causes of importance: _____

Date of onset <u>3-28-33</u>

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) W. W. Street, M. D.
(Address) Springfield, Mo.

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