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

Do not use this space.

File No. 18014

Registered No. 4213

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1057

City St Louis (No. City Hosp. #2 St. ..... Ward)

2. FULL NAME Minnie Robinson Jordon

(a) Residence, No. 931 N. 19th St., 21 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	col	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
abt 37	—	—	

OCCUPATION

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

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) (STATE OR COUNTRY) Augusta Ark

FATHER

13. NAME Mack Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta Ark

MOTHER

15. MAIDEN NAME Frances Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

17. INFORMANT (ADDRESS) Ida Godbard 931 N. 19th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 5-13 1933

19. UNDERTAKER (ADDRESS) W. B. Wade Undertaker 4220 Finney Ave.

20. FILED MAY 12 1933 X. T. Redeto
Registrar.

MEDICAL CERTIFICATE OF DEATH

✓ No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1933

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 11 10 A.m.

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

	Date of onset
108	
Lobar Pneumonia	
F.C.C.	
Cirrhosis of Liver	

Other contributory causes of importance:

108

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) John V. Sheehan, M.D.

(Address) Shuty Clinic

5/9/33

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD