

**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. 333
 Township St. Ferdinand Primary Registration District No. 4468
 City St. Louis (No. 1000)

File No. 6295
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Lizzie Robinson
 (a) Residence, No. 1450 N.E. Henry St. _____ Ward _____
 (Usual place of abode)

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>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1865</u>		
7. AGE	YEARS <u>69</u>	MONTHS _____
	DAYS _____	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	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) <u>Jackson Miss</u> <u>Hines Co.</u>		
FATHER	13. NAME <u>Jouis Adams.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Charles</u>	
	15. MAIDEN NAME <u>Nancy Adams</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____	
	17. INFORMANT <u>Nancy Moore</u> (ADDRESS) <u>50 N.E. Henry</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washingt. Park</u> DATE <u>2/21</u>		
19. UNDERTAKER <u>C. J. Gimmur</u> (ADDRESS) <u>St. Louis Park</u>		
20. FILED _____ 19 <u>W.A. Zettler</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1934, to Feb. 18, 1934
 I last saw her alive on Feb. 18, 1934 Death is said to have occurred on the date stated above, at 11:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset _____

Other contributory causes of importance:
Chronic nephritis
Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Jas. A. Rainey, M. D.
 (Address) St. Louis Park

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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