

MAR 24 1934

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

7621

## 1. PLACE OF DEATH

County North  
 Township Witchell  
 City Grand City (No. ....)

Registration District No. 933Primary Registration District No. 6212

File No. ....

Registered No. ....

St. .... Ward) ....

2. FULL NAME Emma Robinson

(a) Residence, No. ....

(Usual place of abode)

St. ....

Ward. ....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John F. Robinson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1856  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
78 0 2

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) Several years 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spencer House13. NAME Charles Spencer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont15. MAIDEN NAME Mary Rice16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grand City17. INFORMANT (ADDRESS) Mr. C. C. Cagle18. BURIAL, CREMATION, OR REMOVAL PLACE Grand City DATE 2/15 193419. UNDERTAKER (ADDRESS) John C. Dumble

20. FILED 1934 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 193422. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1934, to Feb 13, 1934I last saw her alive on Feb 13, 1934. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Mild degeneration of heart  
12.5 years

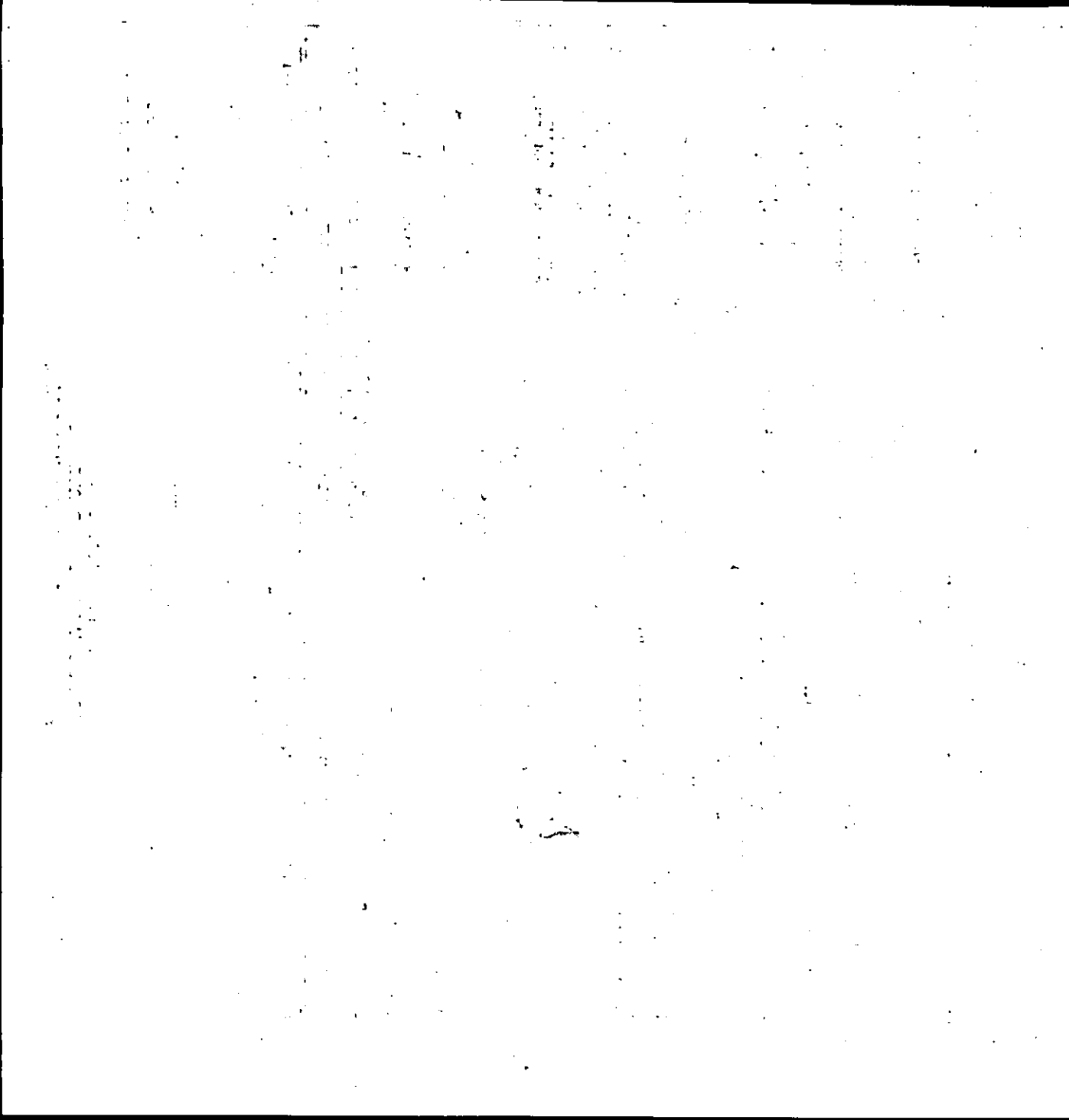
Other contributory causes of importance:

Name of operation: .... Date of: 20What test confirmed diagnosis? Physician Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .... Date of injury: 19Where did injury occur? Grand City

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: 1Nature of injury: 124. Was disease or injury in any way related to occupation of deceased? noIf so, specify: 1(Signed) J. C. Dumble, M. D.(Address) Grand City Mo



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County North  
Township Litchell  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 903  
Primary Registration District No. 6212

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Emma Pokusson

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS 78 MONTHS 0 DAYS 2 If LESS than 1 day, hrs. or min.

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) December 1934 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) Spencer Grove (STATE OR COUNTRY) Iowa

MOTHER FATHER 13. NAME Charles Spencer

14. BIRTHPLACE (CITY OR TOWN) Vermont (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Rice

16. BIRTHPLACE (CITY OR TOWN) Spencer (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Claude C. Rydley  
Grand City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Grand City DATE 2/15 1934

19. UNDERTAKER (ADDRESS) Arch C. Rydley  
Grand City, Mo.

20. FILED March 5, 1934 Red Med. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 to Feb 13, 1934

I last saw him alive on Feb 12, 1934. Death is said to have occurred on the date stated above, at 7:30 A. M.

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

metabolic degeneration of heart Date of onset Oct 2

Other contributory causes of importance:

Name of operation Thyroid Date of Mo  
What test confirmed diagnosis? Thyroid 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) O. J. Rapp, M. D.  
(Address) Grand City

5-7621