

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

Do not use this space.

MAY 25 1934

PLACE OF DEATH

County Adair
Township.....
City Kirkville (No.)

Registration District No. 4
Primary Registration District No. 3001

File No. 15595
Registered No. 84
St. Ward)

FULL NAME

Loirdie Robinson

(a) Residence, No. 1003 N. Luther St. 2 Ward.

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Robinson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-9-1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
61 9 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) Missouri

MOTHER FATHER 13. NAME Jimmie Scobee

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

15. MAIDEN NAME Alta Henderson

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

17. INFORMANT Olis Overbey (ADDRESS) Kirkville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Noonings burial DATE 5-6- 1934

19. UNDERTAKER Dee Riley (ADDRESS) Kirkville Mo.

20. FILED May 5, 1934 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 27 1934 to May 4 1934

I last saw him alive on May 4 1934 Death is said

to have occurred on the date stated above, at 9:30 a.m.

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

Stroke Apoplexy 4/27
Cerebral Embolism

Other contributory causes of importance: Carcinoma Gastric

Name of operation None Date of

What test confirmed diagnosis? Physician's findings

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) Roy M. Wolf M. D.

(Address) Kirkville 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.

1. The purpose of this document is to provide a comprehensive overview of the current status of the project and to identify the key areas that require further attention.

2. The project has been initiated in accordance with the approved plan and is currently in the early stages of implementation. The following table provides a summary of the progress to date:

Task	Assigned To	Due Date	Status
Task 1: Initial Assessment	John Doe	10/15/2023	Completed
Task 2: Data Collection	Jane Smith	11/01/2023	In Progress
Task 3: Analysis	Bob Johnson	11/15/2023	Not Started

3. The data collected to date indicates that there are significant challenges in the area of [redacted]. Further investigation is required to determine the root cause of these issues.

4. It is recommended that the following actions be taken to address the identified challenges:

- Conduct a detailed analysis of the data to identify the specific areas of concern.
- Develop a plan to address the identified issues, including a timeline and resource allocation.
- Implement the plan and monitor progress on a regular basis.

5. The project team will continue to work closely with the relevant departments to ensure that the project is completed on time and to the satisfaction of all stakeholders.

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