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

Do not use this space.

27882

1. PLACE OF DEATH
County Schuyler — Registration District No. 802 — File No.
Township Independence — Primary Registration District No. 6047 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Madeline Robinson
(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.

AUG 15 1934

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF ~~MARRIED~~, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thomas Robinson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 27, 1855

7. AGE: Years 79 — Months 3 — Days 12 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland Co.

PARENTS
10. NAME OF FATHER: Joseph Marlowe
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Jane Reed
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.

14. INFORMANT: Ross Robinson
(Address) Downing Mo

15. FILED 7-9, 1934 J B Bridges REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 9 1934

17. I HEREBY CERTIFY, That I attended deceased from June 27, 1934, to July 9, 1934, that I last saw her alive on July 9, 1934, and that death occurred, on the date stated above, at 12:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mel
59
59 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: At home
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) J B Bridges, M. D.
, 19 (Address) Downing Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Downing ~~I.O.O.F.~~ Cemetery — DATE OF BURIAL: 7/11 1934

20. UNDERTAKER: John A Roberts — ADDRESS: Downing Mo