

OCT 18 1934

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

Do not use this space.

1. PLACE OF DEATH

County MONROERegistration District No. 582

Township

Primary Registration District No. 4344City PARIS

(No. _____)

St. _____

Ward _____

2. FULL NAME

MARY JANE 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 5 yrs. 7 mos. 8 ds.

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

FEMALE

4. COLOR OR RACE

NEGRO

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

SINGLE

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

✓

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

FEB. 10, 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

6578

OCCUPATION

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

AT 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)

PARIS Mo.

MOTHER FATHER

13. NAME CORNELIUS ROBINSON

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

N. H.15. MAIDEN NAME ROSE A. ROGERS

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

Mo.

17. INFORMANT (ADDRESS)

Mrs. CARRIE HOARD. PARIS, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE WALNUT GROVE DATE Sept. 21, 1934

19. UNDERTAKER (ADDRESS)

SPEED & BLANEY PARIS, Mo.

20. FILE

SEP 19 1934A. C. Payne Registrar.

7 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEP 18 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from

Apr. 19, 1933 to Sept. 18, 1934I last saw him alive on Sept. 10, 1934. Death is saidto have occurred on the date stated above, at 11:20 P.M.

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

Nephritis - Mitral insufficiency
Varicose veins - ulcer
Uterine fibroid + dropsy

Date of onset:

2 K.

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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? No

If so, specify _____

(Signed) J. J. Bryant, M. D.(Address) Paris Mo.

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

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.

S-33478

- 1 Chronic nephritis
- 2 Varicose veins resulted in large ulcer below knee, including dorsum of foot
- 3 not malignant - 'Giboid'

J. F. Flynt M.D.