

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.

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

Do not use this space.

APR 1 8 1935

8963

1. PLACE OF DEATH

County Sawell

Registration District No. 385

Township Willow Springs

Primary Registration District No. 5536

City Willow Springs

(No. _____)

St. _____

Ward _____

2. FULL NAME Josephine 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. _____

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 was Robinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1860

7. AGE

YEARS 74

MONTHS 9

DAYS 22

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

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

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) Texas

13. NAME Mr. J. White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Mary Jane White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs. Maggie Ball Willow Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Cemetery DATE April 1, 1935

19. UNDERTAKER (ADDRESS) J. C. Burns Willow Springs, Mo.

20. FILED 4/9 1935 J. C. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1935 to Mar 31, 1935

I last saw her alive on Mar 29, 1935. Death is said to have occurred on the date stated above, at 5 a. m.

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

Uremic poisoning
Acute interstitial nephritis

Date of onset Mar 28

Other contributory causes of importance: 181

Name of operation _____ Date of _____

What test confirmed diagnosis? --- 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) J. C. Davis, M. D. (Address) Willow Springs, Mo.

1968

THE UNIVERSITY OF CHICAGO LIBRARY
1968

THE UNIVERSITY OF CHICAGO LIBRARY
1968