

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

Do not use this space. **X**

JUL 26 1935

1. PLACE OF DEATH

88 County RANDOLPH. Registration District No. 793
Township MOBERLY Primary Registration District No. 3034
6- City MOBERLY (No. _____) St. _____ Ward _____

File No. 20761
Registered No. 101

2. FULL NAME

(a) Residence, No. 407 S CLARK 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) WIDOW
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) HUSBAND or WIFE OF E. L. McATEE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 1 - 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 11 7
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) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 8 1935
I HEREBY CERTIFY That I attended deceased from trbk. 1935 to June 8, 1935
I last saw h. or alive on June 7th, 1935. Death is said to have occurred on the date stated above, at 9⁴⁵ a.m.
The principal cause of death and related causes of importance were as follows:
General Paralysis
known hard since 7
years, Calist 7
Other contributory causes of importance:
82 D

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO
13. NAME JABEZ ROBINSON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KY
15. MAIDEN NAME MARY CRETCHER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KY
17. INFORMANT (ADDRESS) MRS R. A. DANIELS
18. BURIAL, CREMATION, OR REMOVAL PLACE CARRINGTON MO JUNE 10 1935
19. UNDERTAKER (ADDRESS) L. A. FUGERSON INC
20. FILED 6/8 1935 Virginia Walker Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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) M. J. Kelly, M. D.
(Address) Moherly, 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.

RECORD

