

JAN 17 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40120

1. PLACE OF DEATH

County Laclede Registration District No. 468
Township Marionville Primary Registration District No. 4281
City Marionville (No. St. Ward)

2. FULL NAME Jessie Charlotte Yale 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 4 yrs. 9 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 10 24

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.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meriden Conn.

13. NAME Levi Bacon Yale

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

15. MAIDEN NAME Frances Ellen Roby

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

17. INFORMANT J. W. Robinson

(ADDRESS) Marionville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville DATE Dec. 18 1935

19. UNDERTAKER Bradford Funeral Home

(ADDRESS) Marionville

20. FILED Jan 10 1936 Kaura O. Conroy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 13th, 1935, to Dec 14th, 1935.

I last saw her alive on Dec 14th, 1935. Death is said to have occurred on the date stated above, at 12 P.m.

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

cerebral hemorrhage Date of onset Dec 13

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Septicemia 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) F. W. Lester, M. D.

(Address) Marionville 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.

