

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

Do not use this space.

FEB 20 1936

180

1. PLACE OF DEATH

County Boone Registration District No. 73
Township Columbia Primary Registration District No. 3006
City Columbia (No) St. _____ Ward _____

File No. _____
Registered No. 17

2. FULL NAME

Lucile Robinson
(a) Residence, No. 203 Worley 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/19/36 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 1/19/36, 1936, to 1/19/36, 1936.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-20-1886

I last saw him alive on 1/19/36, 1936. Death is said to have occurred on the date stated above, at 7:40 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
49 2 29

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

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

Vertical Injuring Date of onset _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Society

10. Date deceased last worked at this occupation (month and year) Jan. 1936 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) Centralia (STATE OR COUNTRY) Missouri

13. NAME Curtis Harris

14. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY)

15. MAIDEN NAME Annie Jackson

16. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY)

17. INFORMANT Johnson Robinson (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia Mo DATE 1-23-36

19. UNDERTAKER Stuart P. Parker (ADDRESS) Columbia Missouri

20. FILED 1/23/36 1936 Allie Selby Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? etc 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 _____, 1936

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 Vertical Injuring
(Signed) _____, M. D.
(Address) 11A S-8th St.

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.

