

APR 16 1936

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

Do not use this space.

9527

1. PLACE OF DEATH

County Caldwell,
Township Fairview,
City (No. _____, _____ St. _____ Ward)

Registration District No. 92
Primary Registration District No. 5139

File No. _____
Registered No. 9

2. FULL NAME Sarah Katherine Robinson,(a) Residence, No. Fairview Township 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. 3 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) Widowed,

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ WIDOWED OF (OR) WIFE OF Richard H. Robinson,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept.-15"-1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
74 6 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired,
10. Date deceased last worked at this occupation (month and year) 4 days, 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,13. NAME James Skinner,14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio,15. MAIDEN NAME Sarah Hawk,16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.17. INFORMANT Mrs. Jennie Amey (ADDRESS) Raymer, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Monroe Cemetery, DATE March-19"193619. UNDERTAKER E. B. Michael (ADDRESS) Raymer, Mo.20. FILED Mar. 18 19 36 H. H. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17, 193622. I HEREBY CERTIFY, That I attended deceased from March 16, 1936, to March 17, 1936I last saw him alive on March 17, 1936. Death is said to have occurred on the date stated above, at 3:30 p. m.

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

Pneumonia acute Date of onset Mar. 16-36Other contributory causes of importance General ArteriosclerosisName of operation none 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? no

If so, specify _____

(Signed) Geo. J. Dwell, M. D.(Address) Raymer, Mo.

A. E.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

7-14-6

1981-6-10
1981-8-17