

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.

20399

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

Do not use this space.

20399

1. PLACE OF DEATH

County Putnam
Township Union
City Unionville (No.)

Registration District No. 718
Primary Registration District No. 6430

File No.
Registered No. 31
St. Ward)

2. FULL NAME Augusta 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 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>(write the word)</i> <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>R. D. Robinson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 9 1871</u>				
7. AGE	YEARS <u>64</u>	MONTHS <u>6</u>	DAYS <u>11</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Putnam Co Mo</u>				
FATHER	13. NAME <u>E M Strauser</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>			
MOTHER	15. MAIDEN NAME <u>Lucy Williams</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>			
17. INFORMANT <u>Wright Strauser</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brantley</u> DATE <u>5-21</u> 19 <u>76</u>				
19. UNDERTAKER <u>Ed H Reed</u> (ADDRESS) <u>Newberry Ave</u>				
20. FILED <u>May 20 1976</u> <u>N. W. Gilman</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1976

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1976 to May 20 1976

I last saw her alive on May 19 1976 Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Date of onset

Other contributory causes of importance

Rheumatism

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?

If so, specify no

(Signed) J. H. Montgomery M. D.
(Address) Unionville Mo

