

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.

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

Do not use this space.

21833

1. PLACE OF DEATH

County North
Township Middlefork
City (No)

Registration District No. 1162
Primary Registration District No. 6213

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>4</u>	4. COLOR OR RACE <u>10</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. V. Richardson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 12-1860</u>		
7. AGE <u>74</u>	YEARS <u>6</u>	MONTHS <u>19</u>
If LESS than 1 day, ... hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
North County, Mo.

13. NAME
J. V. Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Illinois

15. MAIDEN NAME
Mary Cox

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

17. INFORMANT (ADDRESS)
J. P. Brown
Denver, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wharton DATE 6-2 1935

19. UNDERTAKER (ADDRESS)
Brown Bros.
Denver, Mo.

20. FILED 7-9 19 36 Fred Mulvey 10
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1935

22. I HEREBY CERTIFY, That I attended deceased from May 28 1935, to May 28 1935.
I last saw her alive on May 28 1935. 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:

Intestinal Obstruction
due to Pancreatic
Cyst.

Other contributory causes of importance:

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
(Signed) Thos. F. Fay ADO
(Address) North Mo

