

DEC 4 1936

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

Do not use this space.

40207

1. PLACE OF DEATH

County NorthRegistration District No. 903Township SmithPrimary Registration District No. 6211City Alton (No. 1)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(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 yrs. 5 mos. _____ ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 27, 1936</u>		
7. AGE <u>5</u>	YEARS <u>5</u>	MONTHS <u>12</u>
DAYS <u>12</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>✓</u>	11. Total time (years) spent in this occupation <u>✓</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Alton, Mo.13. NAME Woodward R. Roberts14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Alton, Mo.15. MAIDEN NAME Pauline Robinson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Alton, Mo.17. INFORMANT (ADDRESS)
Pauline Robinson18. BURIAL, CREMATION, OR REMOVAL
PLACE Wesley Chapel DATE 10/10 193619. UNDERTAKER (ADDRESS)
Arch C. Dunfee20. FILED 11-9 1936 J. H. Bailey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 193622. I HEREBY CERTIFY, That I attended deceased from Oct 8 1936, to Oct 9 1936I last saw her... alive on Oct 9 1936. Death is saidto have occurred on the date stated above, at 6:20 a.m.

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

Diarrhea and enteritis Date of onset Oct 4Other contributory causes of importance:
11/10Name 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? NoIf so, specify No(Signed) J. H. Bailey D.O.(Address) Denver Mo.

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.

