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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

DEC 8 1936

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

Do not use this space.

42137

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. ~~345~~ 344
Township — Primary Registration District No. 3032 — Registered No. 668
City Sedalia (No. ..., ... St. ..... Ward)

2. FULL NAME Odeal Robinson
(a) Residence, No. Tipton Mo. St., ... Ward. City Hospital No 2.
(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17, 1907

7. AGE — YEARS 29 — MONTHS 2 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER
13. NAME Harry Kean
14. BIRTHPLACE (CITY OR TOWN) St. Louis Mo (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Ella Turner Mason
16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY)

17. INFORMANT Ella T. Bennett (ADDRESS) Fulton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis DATE Mon Nov 30, 1936

19. UNDERTAKER Price Alexander (ADDRESS) 400 W. Cooper St.

20. FILED 11-30-1936 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/20, 1936, to 11/26, 1936
I last saw her alive on 11/26, 1936. Death is said to have occurred on the date stated above, at 7:15 pm.
The principal cause of death and related causes of importance were as follows:

Date of onset

Puerperal Sceptiscemy

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) H. W. C. Hanes, M. D.
(Address) Sedalia Mo