APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH
County: St. Louis
Township:
City: ST. LOUIS (No. 1021 No. 12 St. Ward)

Registration District No. 791
Primary Registration District No. 1003

File No. 10384
Registered No. 2955

2. FULL NAME: MARTHA ROBINSON
(a) Residence, No. 1021 No. 12 St. St., 25 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMAL
4. COLOR OR RACE: COLORED
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF HENRY DICKEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 20. 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	54	—	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE
10. Date deceased last worked at this occupation (month and year) HOUSEWOK
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WIMER. TEXAS

FATHER
13. NAME HENRY DICKEY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COLUMBA TEXAS

MOTHER
15. MAIDEN NAME NOT KNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JACKSON MISS

17. INFORMANT (ADDRESS) LEROY ROBINSON

18. BURIAL, CREMATION, OR REMOVAL PARK CEME.
PLACE WASHINGTON DATE 3-21 1937

19. UNDERTAKER (ADDRESS) LUSINDA THOMAS 2734 SHURMAN AVE

20. FILED 3-17 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR. 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6 1937, to March 11 1937.
I last saw her alive on March 10 1937. Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia,	
Nephritis Renal of	
La Grippe	Feb. 6

Other contributory causes of importance:
La Grippe (non specific)

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? No
If so, specify
(Signed) J. F. Flowers, M. D.
(Address) 1711 N. 10th St.

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.