

JUN 23 1937

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

Do not use this space.

File No. **20552**
Registered No. **87**

1. PLACE OF DEATH
56 County Lewis Registration District No. 477
1 Township Primary Registration District No. 4286
2 City Canton (No. 2) St. 1 Ward)
2. FULL NAME Dora Sledd Robison
(a) Residence, No. 900 Washington St. St. 1 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry B. Robison
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 6 22
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Carlisle Kentucky
13. NAME Joseph Sledd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlisle Ky.
15. MAIDEN NAME Frances Henry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlisle Ky.

17. INFORMANT Henry B. Robison (ADDRESS) Canton, Missouri
18. BURIAL, CREMATION, OR REMOVE PLACE Canton, Missouri DATE May 8, 1937

19. UNDERTAKER Earl H. Barkley (ADDRESS) Canton, Missouri
20. FILED May 7, 1937 H. W. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1937
22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1937, to May 5, 1937
I last saw her alive on May 5, 1937 Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset Feb 3, 37
arteriosclerosis with hypertention ?
Other contributory causes of importance:
arteriosclerosis with hypertention ?

Name of operation..... Date of.....
What test confirmed diagnosis? Spect Was there an autopsy? no
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) H. W. Harris D.
(Address) Canton, 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.

