

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.

AUG 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan, Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City St. Joseph, (No. 821 North 9th. Street, St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 26755  
Registered No. 843

2. FULL NAME Juana Myrtle Robison,

(a) Residence, No. 821 No. 9th. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married,</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Vernon Robison,</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Feb'y 26, 1886</b>		
7. AGE	YEARS	MONTHS
	<b>51</b>	<b>5</b>
		<b>5</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<b>At Home,</b>		
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) <b>Andrew County, Missouri,</b>		
13. NAME <b>William Adkins,</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown, Ohio,</b>		
15. MAIDEN NAME <b>Mary Minor,</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Andrew County, Missouri,</b>		
17. INFORMANT (ADDRESS) <b>Vernon Robison 821 North 9th. Street,</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>St. Jo Mem Park</b> DATE <b>Aug. 2nd, 1937</b>		
19. UNDERTAKER (ADDRESS) <b>Newton - Beale - Bowman 319 So. 10th. Street, Funeral</b>		
20. FILED <b>8-2</b> 19 <b>37</b> <b>J. Nettlesham</b> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1937

22. I HEREBY CERTIFY That I attended deceased from 6/14 - 1937 to 7/31 - 1937  
I last saw him live on 6/24 - 1937 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:  
**Arthritis - atrophic of ankles, knees, hips, elbows, wrists 1932**  
**93C**  
Other contributory causes of importance:  
**myocarditis - chr. 1937**  
**myocardial infarction 1937**  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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) G. T. Glooyer M. D.  
(Address) 1218 N. 3rd St.

