N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY [illegible]
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

AUG 26 1937

Do not use this space.

1. PLACE OF DEATH
County Monroe — Registration District No. 582 — File No. 27854
Township Washington — Primary Registration District No. 5780 — Registered No. 34
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Eva Aurlia Robey
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 56 yrs. 7 mos. 29 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: A. E. Robey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 21 - 1881
7. AGE: YEARS 56 — MONTHS 7 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Monroe Co. Mo.

FATHER
13. NAME: P. W. Hamilton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Sarah Lucinda Greenwood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): A. E. Robey Lakeman Mo.
18. BURIAL, CREMATION, OR REMOVAL: St. Marys Cemetery
PLACE Shelbina Mo. DATE July 22 1937
19. UNDERTAKER (ADDRESS): Grover J. Gwan Hunnewell Mo
20. FILED 7/21 1937 H. C. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 20 - 1937
22. I HEREBY CERTIFY that I attended deceased from [illegible], 19[illegible] to [illegible], 19[illegible]
I last saw h[illegible] alive on [illegible], 19[illegible]. Death is said to have occurred on the date stated above, at 11:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	19[illegible]

Other contributory causes of importance: [illegible]

Name of operation ..... Date of .....
What test confirmed diagnosis? [illegible] Was there an autopsy? [illegible]

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) [illegible], M. D.
(Address) [illegible] Mo.

FEB 4 1947