

AW 100 OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 128
Township 1 Primary Registration District No. 30091
City Osceola St. Louis Hospital

File No. 33859
Registered No. 277
St. _____ Ward _____

2. FULL NAME Mrs. Orlene P. Robinson

(a) Residence, No. 544 S. Madison St., _____ Ward.

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Oletta Robinson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 - 1907
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
30 3 6

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5, 1937
22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1937, to Sept. 5, 1937
I last saw her alive on Sept. 5, 1937 Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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). Aug. 1937 11. Total time (years) spent in this occupation. 13 1/2
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Town, Mo
13. NAME Lon Bourman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Almo Ind
15. MAIDEN NAME Nancy Vaudgraff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Mo
17. INFORMANT (ADDRESS) Oletta Robinson Cape Girardeau Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Bourman DATE Sept 8, 1937
19. UNDERTAKER (ADDRESS) Devers & Estes Cape Girardeau Mo
20. FILED 9-5-37 J.M. Thompson Registrar.

Pulmonary embolism 9-5-37
acute cholecystitis 148
post-partum Aug. 30 city 29
Name of operation None Date of _____
What test confirmed diagnosis? Real 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) Frank W. Hall, M. D.
(Address) Cape Girardeau, Mo.

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.

4314

145a