

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.

OCT 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Vernon Registration District No. 875  
Township Washington Primary Registration District No. 6162  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 35562  
Registered No. 255

2. FULL NAME

Will Robinson  
(a) Residence, No. Springfield mo. St. State Hosp #3 Nevada  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 7 yrs. 7 mos. 15 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1876

7. AGE YEARS 60 MONTHS 4 Days 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. salvage lady  
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) Norton, Kansas

13. NAME David M. Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Mary E. Day

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Records of State Hosp #3  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Popuka DATE Oct. 5 1937

19. UNDERTAKER Cooking Fun Ho  
(ADDRESS) Nevada mo.

20. FILED 10/4/37 1937 Allen Hays  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2nd 1937

22. I HEREBY CERTIFY. That I attended deceased from July 1st 1937 to Oct 2nd 1937.  
I last saw her alive on Oct 2 1937. Death is said

to have occurred on the date stated above, at 10<sup>45</sup> a.m.  
The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia 1937  
arteriosclerosis 1930  
Other contributory causes of importance: 1070

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 none  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) A. E. Miller \_\_\_\_\_, M. D.  
(Address) State Hosp #3 Nevada, mo.

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
WASHINGTON, D. C.

APR 10 1964

MEMORANDUM FOR THE DIRECTOR

DATE: 4/10/64

SAFETY OF FACILITIES

1. The following information was received from the Bureau of Reclamation regarding the safety of the facilities at the [redacted] project.

2. The [redacted] project is located in the [redacted] area of the [redacted] State. The project consists of [redacted] facilities.

3. The [redacted] project is currently under construction. The [redacted] facilities are expected to be completed by [redacted] date.

4. The [redacted] project is being constructed in accordance with the [redacted] plan.

5. The [redacted] project is being constructed in accordance with the [redacted] plan.

6. The [redacted] project is being constructed in accordance with the [redacted] plan.

7. The [redacted] project is being constructed in accordance with the [redacted] plan.

8. The [redacted] project is being constructed in accordance with the [redacted] plan.

Approved: [redacted] Special Agent in Charge