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.

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

Do not use this space.

1. PLACE OF DEATH
County: Cooper
Township:
City: Boonville (No. ..... St. ..... Ward)

Registration District No. 218
Primary Registration District No. 3015

File No. 2531
Registered No. 1

2. FULL NAME: Nellie Marie Robinson 152

(a) Residence, No. 716 Seventh St. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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*): Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 2-1938

7. AGE: YEARS | MONTHS | DAYS: 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —
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): Boonville Mo.

FATHER
13. NAME: George Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rocheport Mo.

MOTHER
15. MAIDEN NAME: Minnie Hutchison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper Co. Mo.

17. INFORMANT (ADDRESS): George Robinson Boonville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Near Jamestown Mo. Zion Church Cem. DATE: Jan-5-1938
19. UNDERTAKER (ADDRESS): Goodman & Boller Boonville, Mo
20. FILED: Jan 5, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan-4-1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1938, to Jan 4, 1938
I last saw he alive on Jan 3, 1938. Death is said to have occurred on the date stated above, at 3:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital atelectasis	

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Other contributory causes of importance:

Name of operation ..... 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) T. C. Lockett, M. D.
(Address) Boonville, Mo