

REC'D MAR 23 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Pulaski  
Township Liberty  
City Richland (No. 152)

2

Registration District No. 412  
Primary Registration District No. 4427

File No. 7880  
Registered No. 1  
St. Richland Ward 1

## 2. FULL NAME

(a) Residence, No. 152 St. Richland Ward 1  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30 - 1897  
7. AGE YEARS 40 MONTHS 1 DAYS 30 If LESS than 1 day, hrs. or min.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Laborer  
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Shell Petrol  
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) Feb 10 1938 11. Total time (years) spent in this occupation 12 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richland Mo.  
13. NAME Charles J. Robinson  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waynesville Mo.  
15. MAIDEN NAME Lena Sellers  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richland Mo.

17. INFORMANT (ADDRESS) Elizabeth Robinson Richland Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Lawn DATE 2/12/38

19. UNDERTAKER (ADDRESS) Overit A. Oliver Richland Mo.

20. FILED Feb 11 1938 Overit A. Oliver Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1938, to Feb 10 1938

I last saw him alive on Feb 10 1938. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Diabetic Coma Date of onset Feb 8/1938

Other contributory causes of importance: Diabetes - unknown

Name of operation none Date of no  
What test confirmed diagnosis? Red Side Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no

Where did injury occur? no  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no

(Signed) Overit A. Oliver M. D.  
Richland Mo. (Address)

640 (Address)

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.

