REC'D MAR 23 193[illegible] m mm

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

Do not use this space.

7977

1. PLACE OF DEATH

County Ripley 2 Registration District No. 750 File No. 15

Township Doniphan 1 Primary Registration District No. 5985 Registered No. ~~750~~ 1517

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Lucinda - Masson- Robinson; LUCINDA-MASTON-ROBINSON. 152

(a) Residence, No. Doniphan, Mo. St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23, 1855

7. AGE: YEARS 82 MONTHS 9 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. Blind
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Former Housewife.
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) Indiana, /

FATHER
13. NAME John Brewer. /
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana /

MOTHER
15. MAIDEN NAME Martha McAtee.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Wm Montgomery Doniphan. Mo.

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Catholic Cem. DATE 2,27,38. 19

19. UNDERTAKER (ADDRESS) Jordan, Doniphan, Mo.

20. FILED 2-27 1938 E. B. Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1938.

22. I HEREBY CERTIFY, That I attended deceased from 2/1 1937, to Feb 25, 1938
I last saw her alive on Oct 16, 1937. Death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage?	
Chronic nephritis	2/1/36
Chronic myocarditis	2/1/36

Other contributory causes of importance: 121

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) Clifford Gofont, M. D.
674 (Address) Doniphan, Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

20M-2-[illegible]-36 X7294