

REC'D APR 19 1938

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

10942
Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 346
(b) Township Benton Primary Registration District No. 553
(c) City West Plains, Mo. (d) Street No. NE 60 RT. Registered No. 2
(e) Length of residence in city or town where death occurred yrs. mos. / ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Clara ANN Robinson 152
(a) Residence, No. (Usual place of abode, if no street address, write county or city) St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. COLOR OR RACE <u>Wht.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>IN PART</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 20 1936</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>2</u>
		If LESS than 1 day <u>21</u> hrs. or <u></u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	<u>IN PART</u>
	9. Industry or business in which work was done, as 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)	<u>Howell Co., Mo.</u>	
FATHER	13. NAME	<u>Oscar Robertson</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Ark.</u>
MOTHER	15. MAIDEN NAME	<u>Ella Vaughan</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Mo.</u>
17. INFORMANT (ADDRESS)	<u>Oscar Robertson West Plains</u>	
18. BURIAL, CREMATION, OR REMOVAL	<input checked="" type="checkbox"/>	
PLACE	DATE	
19. FUNERAL DIRECTOR (ADDRESS)	<input checked="" type="checkbox"/>	
20. FILED	<u>Mar. 9 1938 Fannie B. Black Local Registrar</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22-1938

22. I HEREBY CERTIFY, That I attended deceased from at Benton, 19...
I last saw h. alive on, 19... Death is said to have occurred on the date stated above, at 10 m.
The principal cause of death and related causes of importance were as follows:
Not known
Very sudden

Other contributory causes of importance:
20097

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
If so, specify Yes
(Signed) Viola Ark., M. D.
(Address) 3416

(Licensed Embalmer's Statement on Reverse Side)

WRITE PERMANENTLY, 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.

I X12904

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

Vertical text on the right edge of the page, including "STATEMENT BY LICENSED EMBALMER" and "REGISTERED APPRENTICE".

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Howell Registration District No. 386
(b) Township Benton Primary Registration District No. 5338 Registered No. _____
(c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Clara Ann Robinson
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) mf

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 21 hrs. or 2 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Free union DATE Mar. 23 1918

19. FUNERAL DIRECTOR (ADDRESS) none

20. FILED 4-9 389 Fannie B. Black Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 22 - 1918

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw him alive on 19... Death is said to have occurred on the date stated above, at... m.

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

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify (Signed) C. E. Roe, M. D.

(Address) Howell, Mo.

