DEC'D APR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

48 County Jackson — Registration District No. 398 — File No. 10960

Township — Primary Registration District No. 3019 — Registered No. 100

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

4 2. FULL NAME Sylvia Fay Robison 125

(a) Residence, No. 308 S. Fuller St. 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):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 31st 1938

7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — 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): Independence Mo.

FATHER
13. NAME: Eldron Lavern Robison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Montana

MOTHER
15. MAIDEN NAME: Evelyn Imogene McEldery
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

17. INFORMANT (ADDRESS): Eldron L. Robison 308 So. Fuller St. Indy. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound Grove DATE April 1st, 1938

19. UNDERTAKER (ADDRESS): Cato & Speaks Funeral Home Independence, Mo.

20. FILED 4-4-, 1938 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from birth, 19..., to 3-31-, 1938

I last saw h— 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:

Stillborn

Date of onset

Other contributory causes of importance:

Malformation

Hydramnois

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) Ethel Watson, M. D.

(Address) 403-9 First Nat'l Bk Independence Mo

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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.

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