

AUG 11 1938

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

24768

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1006 Registered No. 729
 (c) City St. Joseph (d) Street No. Mertland Apartments St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mamie E. Robinson

(a) Residence, No. Mertland Apts. St. Joseph Mo 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. K. S. Robinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 3, 1861

7. AGE YEARS 76 MONTHS 3 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 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) Muskingum County
 (STATE OR COUNTRY) Ohio

13. NAME Unknown Ford

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Roscoe Robinson
 (ADDRESS) St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mound City Cemetery DATE 7/15 1938

19. FUNERAL DIRECTOR Walter Meisbauer
 (ADDRESS) 1302 Farson St. St. Joseph Mo

20. FILED 7/15 1938 H. K. Wallace
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1938 1938

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1938, to July 13, 1938.
 I last saw her alive on July 13, 1938. Death is said to have occurred on the date stated above, at 2:20 p.m.
 The principal cause of death and related causes of importance were as follows:

arteriosclerosis
dis. myo cardiac
hypertensive pneumonia
dis. hepatic

Date of onset

Other contributory causes of importance:

Fracture of Rt. Hip

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? W

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Good Date of injury July 5, 1938.
 Where did injury occur? Home, St. Joseph Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall in roomNature of injury July 5 - 38 Fracture of hip24. Was disease or injury in any way related to occupation of deceased? W

If so, specify _____

(Signed) H. K. Wallace, M. D.(Address) 301 N. 9th

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.

2-3331

STATEMENT BY LICENSED EMBALMER

I, Wilber Kelly, Licensed Embalmer No. Mo. 3946

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Wilber H. Kelly

Licensed Embalmer No. 3946

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.)