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.

REC'D NOV 21 1938

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

35805
Do not use this space.

1. PLACE OF DEATH
(a) County Henry — Registration District No. 14
(b) Township — Primary Registration District No. 4211 — Registered No. 23
(c) City Windsor (d) Street No. ..... 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 12.5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Cora F. Robison
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles Robison
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 6, 1888
7. AGE — YEARS: 50 — MONTHS: 4 — DAYS: 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Home maker
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): Holt County Missouri

FATHER
13. NAME: Henry Comer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Virginia

MOTHER
15. MAIDEN NAME: Rebecca Judy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown unknown

17. INFORMANT: Charles A. Robinson
(ADDRESS): Windsor, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Windsor, Mo. DATE: Oct. 21 38
19. FUNERAL DIRECTOR (NAME): Huston-Turner 319
(ADDRESS): Windsor, Missouri
20. FILED: Oct 21, 1938 — Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 19, 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1938, to Oct 19, 1938
I last saw h. alive on Oct 19, 1938. Death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia (Double)
Date of onset: 10-8-38
Other contributory causes of importance:
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) T. J. Jennings M. D.
(Address) Windsor, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-38-333
Date Filed 11-4-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Ella M. Huston, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed Ella M. Huston

Licensed Embalmer No. 3391

P. O. Address Winkler, Mo.

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

If this body is not embalmed, above space should be left blank.