

REC'D FEB 25 1939

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

Do not use this space.

3441

File No. 3441
Registered No. 3441
St. _____ Ward _____

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township _____ Primary Registration District No. 3032
City Sedalia (No. 1) _____ St. _____ Ward _____

2. FULL NAME Mrs. Elizabeth Jane Robison

(a) Residence, No. 807 East 15th St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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 (OR) WIFE OF James O. Robison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
65 4 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) 1937 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marengo Iowa

13. NAME John Ringler

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

15. MAIDEN NAME Lucy Rucker

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

17. INFORMANT Mrs. Leona Lindsey
(ADDRESS) 807 East 15th, Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE 1-31-39

19. UNDERTAKER Duane Ewing 906
(ADDRESS) Sedalia, Mo.

20. FILED Jan 30 1939 Mrs. Harry Sneed
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29 1939

22. I HEREBY CERTIFY, That I attended deceased from since 1937, 1937, to 1-29, 1939
I last saw him alive on 1-29, 1939. Death is said to have occurred on the date stated above, at 1 p. m.

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

Cardio carbitis chronic 1920

Other contributory causes of importance:

General anasarca 6 mo.

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 _____, 1939

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) Dr. J. E. S., M. D.(Address) Sedalia, Mo.

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.

Dr. Dyer

Sedalia Trust Company Bldg.

RECEIVED
District Health Officer No. 8,
District File Number 128/39
Date Filed