

REC'D MAY 24 1939

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

16447

Do not use this space.

1. PLACE OF DEATH

(a) County Wright Registration District No. 908
 (b) Township Wright Primary Registration District No. 11549
 (c) City Wright (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 _____ yrs. _____ mos. _____ ds. (f) How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. PRINT FULL NAME

Rosa Alice Robinette
 (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 Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Robinette
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15-1893-
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
43 8 26
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. sewf.
 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) Wright Co (STATE OR COUNTRY) Missouri
 FATHER 13. NAME James Marion LaFue
 14. BIRTHPLACE (CITY OR TOWN) Wright Co (STATE OR COUNTRY) Missouri
 MOTHER 15. MAIDEN NAME Hanette Emery
 16. BIRTHPLACE (CITY OR TOWN) Wright Co (STATE OR COUNTRY) Missouri
 17. INFORMANT (ADDRESS) J. M. LaFue
Wright
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem DATE 1-12-39
 19. FUNERAL DIRECTOR (NAME) George Skiff
 (ADDRESS) Wright
 20. FILED 4-6-39 Bernice Hartman Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11 193922. I HEREBY CERTIFY, That I attended deceased from 1/9 1939, to 1/11 1939I last saw her alive on 1/9 1939. Death is said to have occurred on the date stated above, at 3 a. m.

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

double lobar
pneumonia

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1939Where 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) R. A. Ryan M. D.Address Wright

RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-1045

Date Filed MAY 8 1939

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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

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