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.

49 7 5

FILED JUL 17 1939

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

22361
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper
(b) Township
(c) City Joplin
Registration District No. 411
Primary Registration District No. 2002 Registered No.
(d) Street No. Freeman Hospital, Joplin, Mo. 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 152 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edyth Rose Lee Robinson
(a) Residence, No. Route #3, Carthage, Mo. St.
(Usual place of abode, if no street address, write county or city)
Carthage, Mo.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Wordie Robinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1892

7. AGE: Years 46 | Months 9 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) (STATE OR COUNTRY) Carthage Missouri 0

FATHER
13. NAME Sam M. Lee 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 7

MOTHER
15. MAIDEN NAME Tena Zerbonia
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT Wordie Robinson
(ADDRESS) Route #3, Carthage

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Park Cemetery DATE 6-20-39, 19

19. FUNERAL DIRECTOR (NAME) Ulmer
(ADDRESS) Carthage, Mo.

20. FILED 6-19, 1939 Ed D. James
Local Registrar

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-20, 1939, to 6-18, 1939
I last saw h~~e~~ alive on 6-18, 1939. Death is said to have occurred on the date stated above, at 6:45 p.m.
The principal cause of death and related causes of importance were as follows:

General Peritonitis following Colostomy for Carcinoma Sigmoid & Colon.

Date of onset

Other contributory causes of importance:
none

46

Name of operation Colostomy Date of 6-12-39
What test confirmed diagnosis? X ray Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) Herman A. La Force, M. D.
(Address) Frisco Bldg, Joplin, Mo.

RECEIVED
District Health Officer No. 6,
District File Number 739-1400
Date Filed JUL 10 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 Edwemer

Licensed Embalmer No. 2222

P. O. Address Carthage

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

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