

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

Do not use this space.

**DEC 11 1939**

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph (No. St. Joseph's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 39024  
 Registered No. 1158

**2. FULL NAME** Almira J. Robinson

(a) Residence, No. 519 1/2 South 6th St. Ward. \_\_\_\_\_  
 (Usual place of abode) 76 (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 76 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 William Robinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
76 5 6

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. Home  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Hentry County 0  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME James Trent 1  
 14. BIRTHPLACE (CITY OR TOWN) Indiana 1  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Lamb  
 16. BIRTHPLACE (CITY OR TOWN) Indiana  
 (STATE OR COUNTRY)

17. INFORMANT Mrs Opal Armstrong  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL R.R. 2 City  
 PLACE I.O.F. Cemetery DATE Nov 13 1939

19. UNDERTAKER Tracy Raymond  
 (ADDRESS) 112 State

20. FILED Nov. 13 1939 H. J. Nestlebed 85  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9, 1939 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-8, 1939, to 11-9, 1939.

I last saw her alive on 11-9, 1939. Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Acute pancreatitis with cholecystitis and cholelithiasis

Other contributory causes of importance: Fracture of r. femur

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis CLIN. T. AUTOP. Where an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury 11-8, 1939

Where did injury occur? St. Joseph Hospital  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury fracture of femur

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Weyland C. ... M. D.

(Address) St. Joseph Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

50M-10-22-36 I X9314

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.

I hereby certify that I have embalmed the body described on  
on the reverse side of this paper.

Th

John E. Rupp  
license number. 3986