

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.

MISSOURI STATE BOARD OF HEALTH

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

Do not use this space.

19785

**1. PLACE OF BIRTH**

County WPA Registration District No. 568  
 Township Shurell Primary Registration District No. 6149  
 City St. Louis No. 17 Ward

File No. \_\_\_\_\_  
 Registered No. 17  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1216 Law Hassell St. no Ward Rural  
 (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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Calvin Hassell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9, 1867

7. AGE YEARS 72 MONTHS 6 DAYS 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. House work

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) April 1940 11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Johnson Co. Mo

13. NAME John Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Elizabeth Watkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Calvin Snow (ADDRESS) Licking Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Licking Mo DATE 5-14-40

19. UNDERTAKER Smith & Ferguson (ADDRESS) Licking Mo

20. FILED 5/14 1940 W. N. H. Reel Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-18-40

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 1939, to May 13 1940

I last saw him alive on May 12 1940 Death is said to have occurred on the date stated above, at 5:20 P.M.

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

Chronic Nephritis Date of onset 6/58

Other contributory causes of importance: 13/16

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) J. H. Field M. D.

(Address) Licking Mo

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**RECEIVED**

District Health Officer No. 5,  
District File Number 640 699  
Date Filed 12/2/40