

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

Do not use this space.

32613

1. PLACE OF DEATH

County MONROE
Township
City STOUTSVILLE (No.)

Registration District No. 5-83 4-24
Primary Registration District No. 5-7-82

File No.
Registered No. 11
St. Ward)

2. FULL NAME

(a) Residence, No. 1-28 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

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27, 1940

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

22. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 26, 1940

I last saw h..... alive on, 19.... Death is said

7. AGE YEARS MONTHS DAYS if LESS than 1 day, 4 hrs. or 40 min.

to have occurred on the date stated above, at 12:20 P.M.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

Date of onset

Premature (6 mo.)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Other contributory causes of importance: 154

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

12. BIRTHPLACE (CITY OR TOWN) STOUTSVILLE MO
(STATE OR COUNTRY)

13. NAME MARVIN ROBBINS 0

14. BIRTHPLACE (CITY OR TOWN) LAKESWAN MO. 0
(STATE OR COUNTRY)

15. MAIDEN NAME GLADYS F. CLAY

16. BIRTHPLACE (CITY OR TOWN) MONROE CO., MO
(STATE OR COUNTRY)

17. INFORMANT Marvin Robbins
(ADDRESS) STOUTSVILLE, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE STOUTSVILLE, MO DATE 9-27 1940

19. UNDERTAKER NONE 5/5
(ADDRESS)

20. FILED 9-27 1940 P.P. Thompson
Registrar.

Name of operation..... Date of.....
What test confirmed diagnosis? None 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....., 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?.....
If so, specify.....

(Signed) F. A. Barnett, M. D.
(Address) Paris, MO

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

