

FILED AUG 24 1942

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

28425

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 768  
 (b) Township Shelburn Primary Registration District No. 6149107 Registered No. 768  
 (c) City Shelburn (d) Street No. 1 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

How A Robinson  
 (a) Residence, No.                      St.                       
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX 71 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Robinson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3, 1876  
 7. AGE YEARS 66 MONTHS 0 DAYS 13 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) Nov 1940 11. Total time (years) spent in this occupation 47

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

FATHER 13. NAME John R. Gallup

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

MOTHER 15. MAIDEN NAME Jane Baran

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

17. INFORMANT (ADDRESS) Elizabeth Robinson

18. BURIAL - SEPULCHER, OR CREMATION PLACE Licking Co DATE 2-7-42

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smith & Ferguson  
Licking MO

20. FILED 2/17 1942 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 1942

22. I HEREBY CERTIFY That I attended deceased from Oct 1941 to Feb 16 1942

I last saw him alive on Feb 14 1942 Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Pulmonary TB Date of onset                     

Other contributory causes of importance: 13 ft

Name of operation none Date of                     

What test confirmed diagnosis?                      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? no

If so, specify                     

(Signed) Leslie Paul, M. D.

(Address) Licking MO

RECEIVED

District Health Officer No. 5,

District File Number 742616

Date Filed 8-19-42

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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.**