

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

Do not use this space.

43958

FILED JAN 10 1944

1. PLACE OF DEATH

County Stoddard
Township Carter
City Heights R 1 (No. _____ St. _____ Ward _____)

Registration District No. 377
Primary Registration District No. _____

File No. 10
Registered No. _____

2. FULL NAME Narathy Pearl Robinson

(a) Residence, No. _____ 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

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19 - 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	<u>46</u>	<u>6</u>	<u>21</u>	

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

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

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) Mo o

13. NAME Wm. Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K. o

15. MAIDEN NAME Matthe Cordar

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K. o

17. INFORMANT E. C. Robinson (ADDRESS) Heights R 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Hill Cemetery DATE 12-12-43

19. UNDERTAKER J. A. Chilvers & Co. (ADDRESS) 1000-2-25-33

20. FILED 12-29-43 1943 Paul E. Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/10 - 1943

22. I HEREBY CERTIFY, That I attended deceased from July 23 to Dec 10, 1943
I last saw her alive on Dec 10, 1943 Death is said to have occurred on the date stated above, at 7:30 m.

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

Admission Disease Date of onset 1936

Other contributory causes of importance: 65a

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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 W
Nature of injury W

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) S. S. Harris M. D.
(Address) Heights R 1

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

MARGIN RE- R BINDING

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.

V. S. 100M-2-25-33

RECEIVED

District Health Office No. 2,

District File Number 144-50

Date Filed 1-7-44