

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

Do not use this space.

5515

1. PLACE OF DEATH

County New Madrid Registration District No. 274
Township _____ Primary Registration District No. 4063
City Lilbourn (No. _____)

File No. _____
Registered No. _____ St. _____ Ward _____

2. FULL NAME

Julia Robinson
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
About 86 - - - - -

OCCUPATION
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.
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) ky 2

13. NAME John Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ky 9

15. MAIDEN NAME Don't know 31

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) J. D. Robinson

18. BURIAL, CREMATION, OR REMOVAL PLACE Mounts Cem. DATE 2-23 1932

19. UNDERTAKER (ADDRESS) L. Miller
Lilbourn Mo.

20. FILED _____, 19 _____

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1932, to Feb 22, 1932. I last saw her alive on Jan 20, 1932. Death is said to have occurred on the date stated above, at 4:30 pm. The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ 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) E. E. Jones, M. D.
(Address) Lilbourn Mo

Courtesy of
MISSOURI STATE ARCHIVES
P.O. BOX 1747
JEFFERSON CITY, MO 65102

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.

APR 28 1932