

1912-215

STATE BOARD OF HEALTH OF WYOMING
Bureau of Vital Statistics
CERTIFICATE OF BIRTH 215

PLACE OF BIRTH
County of Hot Springs
Town of Luceerne
or
City of _____
No. _____ St.

Registration District No. 13 Filed No. 1912
Registered No. 1932

FULL NAME OF CHILD Olive Pearl Robinson

Sex of Child <u>Girl</u>	Twin, Triplet, or other? <u>—</u>	and	Number in order of birth <u>7</u>	Legitimate? <u>Yes</u>	Date of birth <u>July 11</u> , 19 <u>12</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Fred W Robinson</u>			MOTHER FULL MAIDEN NAME <u>May O. Keule</u>		
RESIDENCE <u>Luceerne</u>			RESIDENCE <u>Luceerne</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>46</u> (Years)	COLOR <u>White</u>		AGE AT LAST BIRTHDAY <u>39</u> (Years)	
BIRTHPLACE <u>Wis.</u>			BIRTHPLACE <u>Neu.</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION _____		
Number of child of this mother <u>7</u>			Number of children, of this mother, now living <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occurred on July 11, 1912 at 11:20 A.M.

*When there was no attending physician or midwife, then the father, mother, householder, etc., should make this return.

(Signature) C. C. Beckman
(Physician or Midwife)

Given name added from a supplemental report _____ 19____

Address 26 So. Wyo
Filed Aug 21, 1912 J. A. Harris
Registrar Registrar

THIS IS TO CERTIFY THAT THIS REPRODUCTION IS A TRUE COPY OF A RECORD ON FILE IN VITAL RECORDS SERVICES, DIVISION OF HEALTH AND MEDICAL SERVICES, WYOMING DEPARTMENT OF HEALTH AND SOCIAL SERVICES, CHEYENNE, WYOMING.

L. J. Cohen, M.D.
DATE ISSUED MAY 15, 1974
BY J. A. Harris
DEPUTY STATE REGISTRAR
VITAL RECORDS SERVICES

IF THIS COPY DOES NOT BEAR A RAISED SEAL AND THE SIGNATURE OF THE DEPUTY STATE REGISTRAR IS NOT IN RED, THIS IS NOT AN OFFICIAL CERTIFIED COPY.

STATE OF WYOMING
DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

DECEASED—NAME Grant Zoram Christopherson, Male		LOCAL FILE NUMBER 29		STATE FILE NUMBER	
RACE White		AGE—LAST BIRTHDAY (YEARS) 63		DATE OF BIRTH (MONTH, DAY, YEAR) May 7, 1914	
CITY, TOWN, OR LOCATION OF DEATH Lander		INSIDE CITY LIMITS Yes		COUNTY OF DEATH Fremont	
STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY) Wyoming		CITIZEN OF WHAT COUNTRY U. S.		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Olive Robinson	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Truck Driver		KIND OF BUSINESS OR INDUSTRY Oil	
RESIDENCE—STATE Wyoming		CITY, TOWN, OR LOCATION Fremont		STREET AND NUMBER 793 Garner	
FATHER—NAME Joseph Christopherson		MOTHER—MAIDEN NAME Hannah Emelia Opheim		MIDDLE Melba	
INFORMANT—NAME Olive Christopherson		Mailing Address 793 Garner, Lander, Wyo.		82520	
DEATH WAS CAUSED BY Pulmonary insufficiency		IMMEDIATE CAUSE Abdominal surgery		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (DI) Helicobacter of stomach		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) Gastro-colic fistula		IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH Yes	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) MAY 7 1974		DATE OF INJURY (MONTH, DAY, YEAR) MAY 7 1974		HOUR 10:00 P.M.	
PHYSICIAN: I ATTENDED FROM CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		THE DECEASED WAS PRONOUNCED DEAD MAY 7 1974		YEAR 1974	
CERTIFIER—NAME (TYPE OR PRINT) Laurence Gee, M.D.		SIGNATURE Laurence Gee, M.D.		DEGREE OR TITLE M.D.	
MAILING ADDRESS—CERTIFIER 219 Garfield		STREET OR R.F.D. NO., CITY OR TOWN Lander		STATE Wyoming	
BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		CEMETERY OR CREMATORY—NAME Meadowdale Cemetery		CITY OR TOWN Lander	
DATE 5-10-74		FURNERAL HOME—NAME AND ADDRESS Henry Mortuary		CITY OR TOWN Lander, Wyo.	
FURNERAL DIRECTOR—SIGNATURE Paul R. Holt, M.D.		REGISTRAR—SIGNATURE Paul R. Holt, M.D.		DATE RECEIVED BY LOCAL REGISTRAR 5-8-74	

TYPE, OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED
USUAL RESIDENCE WHERE DECEASED, WIFE, OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS
HE FRENCH COUNTY
Paul R. Holt, M.D.
5-20-74

CAUSE

CERTIFIER

BURIAL

M. D., County Health Officer and Local Registrar of Vital Statistics within and for Fremont County, do hereby certify that the within and foregoing certification is a true and correct copy of the information contained in the original certificate submitted to my office and which will be forwarded to the Registrar of Vital Statistics, State Department of Public Health, Cheyenne, Wyoming.