

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 124

Township Byrd

Primary Registration District No. 5779

City near Jackson

(No. _____)

File No. 37947

Registered No. gc

St. _____ Ward _____

2. FULL NAME

Forrest C 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1876

7. AGE YEARS 55 MONTHS 1 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

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

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

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

12. BIRTHPLACE (CITY OR TOWN) Ballingou Co. (STATE OR COUNTRY) New Whitewater Mo.

13. NAME Michael Robinson

14. BIRTHPLACE (CITY OR TOWN) W. Carolina (STATE OR COUNTRY)

15. MAIDEN NAME Mary Shelley

16. BIRTHPLACE (CITY OR TOWN) Wayne Co. (STATE OR COUNTRY) Ind.

17. INFORMANT Mrs. Daisy Robinson (ADDRESS) Jackson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Russell Heights DATE 11/15 1931

19. UNDERTAKER Cracraft - Miller (ADDRESS) Lackey Mo.

20. FILED 11-14 1931 D. E. Surber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Night of Nov 12, 1931

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

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at D.K.

The principal cause of death and related causes of importance were as follows: Cause of death unknown Date of onset _____
found dead in bed, no
attending physician

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? _____

If so, specify Sherman Haupt, Coroner

(Signed) Jackson, Mo. (Address)

DEC 21 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. DO NOT SIGN unless you are a duly qualified physician. PHYSICIANS should state EXACTLY what the cause of death was.

1919

19.