

MAY 25 1934

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

Do not use this space.

3746-A

1. PLACE OF DEATH

111 County Wayne
Township Cedar Creek
City Wayne (No.)

Registration District No. 1169
Primary Registration District No. 6195B

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. Coldwater Mo. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Marion Arigena Robinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 12, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 4 29

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.

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) Cedar Bottom Mo

13. NAME Daniel Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown Mo

15. MAIDEN NAME Sarah P. Murray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown Mo

17. INFORMANT (ADDRESS) James London

18. BURIAL, CREMATION, OR REMOVAL PLACE Coldwater Mo DATE

19. UNDERTAKER (ADDRESS) Unknown

20. FILED May 22, 1934 B. J. Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 24, 1934

22. I HEREBY CERTIFY That I attended deceased from Did not attend, 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 2:30 P. M.

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

Acute Cardiac failure Date of onset Unknown

good

Other contributory causes of importance: unknown

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 Yes

(Signed) Mary A. Noel St. J. Med. Res. M. D.

(Address) St. Joseph Mo

Co 740 & Co Coldwater Mo

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

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.

