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

Do not use this space.

File No. 5246

Registered No. 975

APR 25 1934

1. PLACE OF DEATH
County Jackson — Registration District No. 2209
Township Raw — Primary Registration District No. 2002
City Kansas City (No. 2423 Harrison St. Ward)

2. FULL NAME Dan H. Robinson Jr.

(a) Residence, No. 2423 Harrison 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1934

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
			17	

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) Missouri

FATHER

13. NAME Dan H. Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER

15. MAIDEN NAME Mildred Davis

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

17. INFORMANT Mildred Robinson
(ADDRESS) 2423 Harrison St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lees Cemetery DATE Mar. 1st 34

19. UNDERTAKER Witt, Appleton & Davis
(ADDRESS) 1210 Oak

20. FILED 3/1, 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25/34

22. I HEREBY CERTIFY, That I attended deceased from 2-7-, 1934, to 2-25-, 1934.
I last saw h alive on 2-25-, 1934. Death is said to have occurred on the date stated above, at 12 a m.
The principal cause of death and related causes of importance were as follows:

Premature Birth — Date of onset

1569 159

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 ...
(Signed) L. T. Hawkins Jr., M. D.
(Address) 137 E. 9th

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.

WRITE PLAINLY, WITH STAMPING INK—THIS IS A PERMANENT RECORD

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