NOV 19 1934

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

Do not use this space.

35203

1. PLACE OF DEATH
County: Boone
Registration District No.: 72
Township:
Primary Registration District No.: 4041
City: Centralia (No. ..... St. ..... Ward)
File No.:
Registered No.: 30

2. FULL NAME: Jimmie Francis 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 3, 1934

7. AGE: Years | Months | Days | If LESS than 1 day, 2 hrs. or ..... min.

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): Centralia Mo

FATHER
13. NAME: Jas A. Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Fannie Pulis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Audrain Co Mo

17. INFORMANT (ADDRESS): Albertus Robinson

18. BURIAL, CREMATION, OR REMOVAL
PLACE: New Hope Cem DATE: 10/3, 1934

19. UNDERTAKER (ADDRESS): N. C. Wheeler, Mexico Mo

20. FILED 10/3, 1934 J. T. Hickerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1934, to Oct 3, 1934
I last saw h. alive on Oct 3, 1934. Death is said to have occurred on the date stated above, at 6:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth 7 months gestation	
15 7	

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) J. T. Hickerson, M. D.
(Address) Centralia Mo