10

NOV 28 1934

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

Do not use this space.

41613

1. PLACE OF DEATH
County Scott
Township Kelso
City
Registration District No. 816
Primary Registration District No. 6065
(No. R. F. D. #2 St. Ward)
File No.
Registered No. 22

2. FULL NAME James Robison
(a) Residence, No. R. F. D. #2 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. 11 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6 1893
7. AGE YEARS 41 MONTHS 1 DAYS 9 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultryman 170
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 115
10. Date deceased last worked at this occupation (month and year) Nov. 1933
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thompsonville Illinois

FATHER
13. NAME A. J. Robison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Illinois

MOTHER
15. MAIDEN NAME Anna E. Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mc.Clainsboro Illinois

17. INFORMANT (ADDRESS) Vergel Robison Carbondale Illinois
18. BURIAL, CREMATION, OR REMOVAL Oran Missouri
PLACE Friends Cem. DATE Nov. 18 1934
19. UNDERTAKER (ADDRESS) H. F. Stubbs Chaffee Mo.
20. FILED 11/16 1934 W. C. Finney Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-15- 1934
22. I HEREBY CERTIFY, That I attended deceased from 2-9- 1932, to 11-15- 1934
I last saw him alive on 11-10- 1934. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	11/1/34
Stomatitis	
Septicemia	10/1/34

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Other contributory causes of importance:
Empyema L Lung & Drainage 2/9/32
Fistula 2/9/32

Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: No
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? No
If so, specify
(Signed) W. C. Finney, M. D.
(Address) Chaffee Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Свидетельство №

Н. 1. адрес

Литера Сер. Год выпуска

24 Ал. 18 81

Отделение связи Витебской почтовой дороги

Агент Витебского

Аттестат 1. Ал

Выдан Витебск

Мон. 1933 Подпись

Инвентарный

SC

Подтверждаю

Сб. 3 1982

Штраф

Дата Штраф

Н. 2. Д. 45 Почтовая марка

Кассе

Подп.

Н. 4. Д. 45