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.

JAN 9 1935

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

Do not use this space.

43971

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. 439
Township — Primary Registration District No. 3032 — Registered No. 668
City Sedalia (No. ..... St. ..... Ward)

2. FULL NAME James Oliver Robison
(a) Residence, No. 1613 S. Montgomery St., ... Ward. ..... (If nonresident, give city or town and State)
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs J. A. Robison
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 1859
7. AGE YEARS 75 MONTHS 2 DAYS 24 If LESS than 1 day, ... 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) Ill

FATHER
13. NAME Mathew Robison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME DK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

17. INFORMANT (ADDRESS) Mrs Robison 1613 S Montgomery
18. BURIAL, CREMATION, OR REMOVAL
PLACE Grinnell Iowa DATE Dec 31 1934
19. UNDERTAKER (ADDRESS) Gillespie Funeral Home Sedalia Mo
20. FILED 12-30- 1934 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29, 1934
22. I HEREBY CERTIFY, That I attended deceased from Apr 11, 1931, to Dec-29-, 1934
I last saw him alive on Dec 24, 1934. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Oedema Lungs	1931
131	
95B Intestinal Nephritis	
113 131	

Other contributory causes of importance:
Cardiac Hypertrophy

8 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) Alfred E. Mouse, M. D.
(Address) 1114 W Sedalia Mo