

SEP 21 1936

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

Do not use this space.

30423

1. PLACE OF DEATH

County DeKalb Registration District No. 259 File No. _____
Township Camden Primary Registration District No. 5-359B Registered No. _____
City _____ (No. _____, _____ St. _____ Ward _____)

2. FULL NAME Albert 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.

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) Feb 10 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 6 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate Co. Farm
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) DeKalb Co.
(STATE OR COUNTRY)

13. NAME Andrew Robinson

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

15. MAIDEN NAME Martha J. Roberts

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

17. INFORMANT Mrs Chas Robinson
(ADDRESS) Maysville Mo

18. BURIAL, CREMATION, OR REMOVAL
Hopewell Cem DATE 8/12-36

19. UNDERTAKER U. G. Pilcher
(ADDRESS) Maysville Mo

20. FILED 8-22, 1936 Ethel H. Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/11-36, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1932, to Aug 11, 1936

I last saw him alive on Aug 10, 1936 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:

Chronic interstitial myocarditis
131

Other contributory causes of importance:

Chronic interstitial nephritis

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 _____, 1936

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) Edith H. Bower
(Address) Maysville Mo

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

1 X7284

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

