

NOV 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan.

Registration District No. 85

Township

St. Joseph.

Primary Registration District No. 1001

City

St. Joseph.

(No.

122 1/2 North 2nd Street.

St.

Ward)

2. FULL NAME

William R. Robinson.

(a) Residence, No.

122 1/2 North 2nd Street.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 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)

Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Mary Robinson.

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

Sept. 11, 1867.

7. AGE

YEARS

71

MONTHS

1

DAYS

20

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Ret-Barber.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

122 1/2 North 2nd St.

10. Date deceased last worked at this occupation (month and year)

Jan. 1938.

11. Total time (years) spent in this occupation.

37 Yrs

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

Bethany Missouri.

FATHER MOTHER

13. NAME

William Sharp Robinson.

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

Bethany Missouri.

15. MAIDEN NAME

Caroline Still.

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

Bethany Missouri.

17. INFORMANT (ADDRESS)

Mrs Mary Robinson. 122 1/2 North 2nd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE

Ashland Cemetery St. Joseph Mo. DATE Nov 1, 1938

19. UNDERTAKER (ADDRESS)

H. O. Sidenfaden & Son. 1802 Union St. St. Joseph Mo.

20. FILED

10/31, 1938 J. Woodruff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 30, 1938, to Oct. 31, 1938

I last saw him alive on Oct 21, 1938. Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

Oct 21 1938

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clinical. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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) D. T. C. McVey, M.D.

(Address) 523. Parliet Alley St. Joseph, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Albert C. Harrington, Licensed Embalmer No. 3258,
hereby certify that the body recorded on the reverse side of this
Certificate was embalmed by myself
or by ✓, Registered Apprentice No. ✓

(Signed) Albert C. Harrington
Licensed Embalmer No. 3258

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(Failure to comply with the above regulation constitutes grounds for revocation of license)