

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

44051
Do not use this space.

DECEASED JAN 9 1 1939

1. PLACE OF DEATH

(a) County Emmets 2 Registration District No. 657
 (b) Township Little Prairie 1 Primary Registration District No. 5862 Registered No. 118
 (c) City Little Prairie (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred Robinson Jr.

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 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 2 - 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day,hr. ormin.
	0	9	25	

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH 9:30 AM

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27 - 1938
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1938, to Nov. 27, 1938
 I last saw him alive on Nov. 26, 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary) Date of onset 11-23-38
 Other contributory causes of importance: 107 W

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

13. NAME Fred Robinson Sr.
 14. BIRTHPLACE (CITY OR TOWN) Dallas (STATE OR COUNTRY) Arkansas

15. MAIDEN NAME Imida Robinson
 16. BIRTHPLACE (CITY OR TOWN) Little Rock (STATE OR COUNTRY) Arkansas

17. INFORMANT Fred Robinson Sr. (ADDRESS) Hayti, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cassidy Smith DATE Nov 28 1938

19. FUNERAL DIRECTOR (NAME) J. J. Torgue and Co. (ADDRESS) Caruthersville, Mo.

20. FILED Dec 1 1938 Ada Martin Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____, 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) J. P. P. P. M. D.
 (Address) Caruthersville, 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.

RECEIVED

District Health Officer No. 3,

District File Number 38-3

Date Filed 12-16-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Not Embalmed

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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

If this body is not embalmed, above space should be left blank.