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

Do not use this space.
21543

1. PLACE OF DEATH
County: Buchanan
Township: Washington
City: St. Joseph (No. State Hosp #2 St. Ward)
Registration District No. 85
Primary Registration District No. 1001
File No.
Registered No. 573

2. FULL NAME: Edward Robinson
(a) Residence, No. Lexington, Mo St., Ward. Lexington Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 10 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Given name (Mrs.) Mrs. Edward Robinson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 12 1890
7. AGE: Years 49 Months 2 Days 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Coal Miner
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): Louisville, Kentucky

FATHER
13. NAME: Hugh Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisville, Kentucky

MOTHER
15. MAIDEN NAME: Lizzie ~~Robinson~~ Perkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisville, Kentucky

17. INFORMANT (ADDRESS): Hospital Records
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lexington, Mo DATE: June 6 1939
19. UNDERTAKER (ADDRESS): L. M. Coff Lexington Mo.
20. FILED: 6/5 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 3 1939
22. I HEREBY CERTIFY, That I attended deceased from July 6 1937, to June 3 1939
I last saw him alive on June 3 1939 Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5/24/39
Other contributory causes of importance: Paresis	?

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? yes

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) A. H. Carothers, M. D.
(Address) State Hospital No 2

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.

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

MARGIN RESERVED FOR BINDING

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