

1939 JUL 11 1939

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

21705

Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104  
(b) Township Fulton Primary Registration District No. 3208 Registered No. 166  
(c) City Fulton (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(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

Jessie Thomas Robison  
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 3, 1902  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 37 1 17  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER  
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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co, Missouri

FATHER 13. NAME Albert Robison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co, Missouri

MOTHER 15. MAIDEN NAME Maude Lark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co, Missouri

17. INFORMANT (ADDRESS) Albert Robison, Packerhor, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cemetery June 23, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Glen Y. Maupin, 700 Court St. Fulton, Mo.

20. FILED June 23, 1939 R. N. Cruise Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1939

22. I HEREBY CERTIFY That I attended deceased from June 6, 1939 to June 21, 1939. I last saw him alive on June 20, 1939. Death is said to have occurred on the date stated above, at 4:45 p.m.  
The principal cause of death and related causes of importance were as follows:

Subdural Hematoma Date of onset June 6  
Increased Intra Cranial Pressure June 8

Other contributory causes of importance: 186 lb

Name of operation Subtemporal Decompression, Date of operation June 20, 1939.  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide: Accident Date of injury June 20, 1939.  
Where did injury occur? Fulton, Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Fall  
Nature of injury Head injury

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ (Signed) John J. Brown, M. D.  
106 (Address) Fulton, 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.

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**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, 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.**