

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

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.

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

Do not use this space.

12275
29

APR 5 6 1935

1. PLACE OF DEATH

County Clay
Township Liberty
City Liberty (No.)

Registration District No. 201
Primary Registration District No. 5280 3012

File No.
Registered No.
St. Ward)

2. FULL NAME

James A. Robinson

(a) Residence No. 1 Mississippi 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 M 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pauline Ruff

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

7. AGE 68 YEARS MONTHS 06 DAYS 04 If LESS than 1 day, hrs. or min.

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

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) New Mo. City (STATE OR COUNTRY) Mo.

13. NAME Ben Robinson

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

15. MAIDEN NAME Seely Hawkins

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

17. INFORMANT Lucy J. Gwyn (ADDRESS) Liberty Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Harview Cem. DATE Apr 10 1935

19. UNDERTAKER Church-Ashe Co. (ADDRESS) Liberty Mo.

20. FILED H/10 1935 E. T. Brewer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 9 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1925, to Apr 9 1935. I last saw him alive on Apr 7 1935. 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 Bright disease Date of onset

Other contributory causes of importance: 12!

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) an Orthwein M. D.
(Address) Liberty Mo

