

PLACE OF DEATH

County ButlerMISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Township _____

Registration District No. 89File No. 35412or
Village _____Primary Registration District No. 3007Registered No. 249or
City Paplar Bluff (NO. _____ St.: _____ Ward)[If death occurred in a
hospital or institution,
give its NAME instead
of street and number]FULL NAME Spurgin Robinson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE Cauc SINGLE MARRIED single WIDOWED OR DIVORCED (Write the word)DATE OF DEATH Nov 2, 1912
(Month) (Day) (Year)DATE OF BIRTH Nov 24, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Nov 1st, 1912 to Nov 2, 1912,
that I last saw him alive on Nov 1st, 1912,AGE 51 yrs. mos. ds. If LESS than 1 day, ___ hrs. or ___ min.?and that death occurred, on the date stated above, at ___ m.
The CAUSE OF DEATH* was as follows:OCCUPATION
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____Bronchial PneumoniaBIRTHPLACE Paplar Bluff Mo
(City or town, State or foreign country)9 (Duration) yrs. mos. 7 ds.NAME OF FATHER Spurgin Robinson

Contributory (SECONDARY) _____ (Duration) yrs. mos. ds.

BIRTHPLACE OF FATHER Don't know
(City or town, State or foreign country)(Signed) Dr. W. Seybold M. D.
Nov 2, 1912 (Address) Paplar Bluff MoMAIDEN NAME OF MOTHER Miss Simpson

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER Nellyville Mo
(City or town, State or foreign country)

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted if not at place of death? _____

(Informant) Missie Robinson

Former or usual residence. _____

(ADDRESS) Paplar Bluff MoPLACE OF BURIAL OR REMOVAL City Cemetery DATE OF BURIAL _____ 1912Filed Mar 29 1912UNDERTAKER Frank L. H. Co. Paplar Bluff

REGISTRAR

of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection, with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*

Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

PLACE OF DEATH

County Butler
 Township _____
 or _____
 Village _____
 or _____
 City Poplar Bluffs (NO. _____) St. _____ Ward _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
 Registration District No. 89 File No. _____
 Primary Registration District No. 3007 Registered No. 245

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Spurgis Robinson

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE Colored SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)
 DATE OF BIRTH Nov. 26, 1911
(Month) (Day) (Year)
 AGE 1 yrs. _____ mos. _____ ds. IF LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Poplar Bluffs, Mo.

PARENTS
 NAME OF FATHER Spurgin Robinson
 BIRTHPLACE OF FATHER Don't know
 MAIDEN NAME OF MOTHER Minnie Simpson
 BIRTHPLACE OF MOTHER Marionville, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Minnie Robinson
 (ADDRESS) Poplar Bluffs, Mo.

Filed Jan 3 1912 A. P. [unclear] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 2, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 1, 1912, to Nov. 2, 1912, that I last saw him alive on Nov. 1, 1912, and that death occurred, on the date stated above, at 4:40 p.m.

The CAUSE OF DEATH* was as follows:
Bronchial pneumonia
 (Duration) _____ yrs. _____ mos. 7 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) Ira W. Newbold M. D.
 (Address) Poplar Bluffs

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____
 Former or usual residence _____

PLACE OF BURIAL OR REMOVAL City Cem. DATE OF BURIAL Nov 5, 1912

UNDERTAKER Frank T & W. Cox ADDRESS Poplar Bluffs

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. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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