

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

Do not use this space.

.31103

**1. PLACE OF DEATH**

County..... Demiseat Registration District No..... 651  
 Township..... Patton Primary Registration District No..... 4388  
 City..... Cauthersville (No. ....) St. .... Ward)

**2. FULL NAME**

Frank Robinson  
 (a) Residence. No. .... 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 male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) unknown

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min. About 60

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work: home  
 (b) General nature of industry, business, or establishment in which employed (or employer): ✓  
 (c) Name of employer: ✓

9. BIRTHPLACE (CITY OR TOWN) ..... unknown  
 (STATE OR COUNTRY)

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... unknown  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... unknown  
 (STATE OR COUNTRY)

14. INFORMANT W. S. Kelly  
 (Address) Cauthersville Mo

15. FILE NO. no. 427 Adach Martin REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 22 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct. 22 - 1927, to Oct. 22 - 1927, that I last saw him alive on Oct. 27 - 1927, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pofan Pneumonia  
108 (duration) yrs. mos. ds. 4

CONTRIBUTORY (SECONDARY) W/O (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: —

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phosphatase  
 (Signed) W. S. Kelly M. D.  
Oct. 22 1927 (Address) Cauthersville Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mason Cemetery DATE OF BURIAL Oct 23 1927

20. UNDERTAKER Friends ADDRESS Cauthersville

At 2. 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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