MAR 17 1928

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

Do not use this space.

4369

1. PLACE OF DEATH
County: Clay
Township: ~~Kearney~~
City: Kearney (No. ..... St. ..... Ward)

Registration District No. 200
Primary Registration District No. 4120

File No.
Registered No. 3

2. FULL NAME: Allen Robeson

(a) Residence. No. ..... Kearney St. Mo 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: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE~~ OF: Alice Robeson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jany 13 1848

7. AGE: Years 80 | Months 1 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Kearney
(STATE OR COUNTRY): Clay Co Mo

PARENTS

10. NAME OF FATHER: Zachariah Robeson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Louisa Allen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Ky

14. INFORMANT: Geo. A. Robeson
(Address): Kearney Mo

15. FILED Mar 1, 1928. Haynie Rowell, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 21 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1928 to Feb 21, 1928 that I last saw living alive on Feb 21, 1928, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Apoplexy

82A

7421

(duration) yrs. mos. 25 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Eisler, M. D
2/21, 1928 (Address) Kearney, 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: Fairview Kearney Mo
DATE OF BURIAL: 2/23 1928

20. UNDERTAKER: Church-Archer Co
ADDRESS: Liberty 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.