

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

Do not use this space.

7987

**1. PLACE OF DEATH**

County Butler Registration District No. 87

Township Beaver Dam Primary Registration District No. 5129

City Poplar Bluff, Mo. (No. R#6) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 6

**2. FULL NAME**

(a) Residence No. Poplar Bluff, Mo. R#6 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) singles

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (or) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21 - 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
79      10      6

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

9. BIRTHPLACE (CITY OR TOWN) Marion Co  
(STATE OR COUNTRY) W. Virginia

10. NAME OF FATHER John W. Robison Sr.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) W. Virginia

12. MAIDEN NAME OF MOTHER Elizabeth Morris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) W. Virginia

14. INFORMANT Edwin W. Robison  
(Address) Poplar Bluff, Mo. R#6

15. ~~FILE NO. \_\_\_\_\_~~  
REGISTRAR [Signature]

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27 1928

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
March 1, 1928, to March 27, 1928  
that I last saw him alive on March 27, 1928, and that death occurred, on the date stated above, at 12:15 P.M. (noon)

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

apoplexy  
92A  
74  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(duration) yrs. mos. da.

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) [Signature], M. D.  
3/28 1928 (Address) Poplar Bluff

\*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 Blackcreek DATE OF BURIAL March 28 1928

20. UNDERTAKER W. W. Krues, Poplar Bluff, Mo.  
ADDRESS \_\_\_\_\_

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.

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