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

Do not use this space.

13468

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1801
Township Kan — Primary Registration District No. 1000 — Registered No.
City Kansas — No. Old City Hospital — St. — Ward)

2. FULL NAME Ernest Robinson
(a) Residence. No. Old City Hospital — Ward.
(Usual place of abode) 700 Charlotte St — (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: Mal
4. COLOR OR RACE: ed
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-27-1900

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
27	6	23	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

PARENTS
10. NAME OF FATHER: John Robinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Minerva Kenton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT (Address): James Collins 700 Charlotte St.

15. FILED 4/21, 1928 M M Crowe / Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April, 20th 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-17-28, 19__, to 4-20, 1928, that I last saw h... alive on 4-20, 1928 and that death occurred, on the date stated above, at 5:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Tuberculosis

23 31 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 420 - E - 6th St.
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? Not
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Data
(Signed) Howard M Smith M.D.
(Address) Old City Hospital, K.C. 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: Hubbard Texas — DATE OF BURIAL: 4/21 1928

20. UNDERTAKER: West, Appleton & Jones — ADDRESS: 1600 E. 19th

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.

1928 - 4 - 28
1900 - 9 - 27

27 4 - 23