

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

Do not use this space.

**17906**

**1. PLACE OF DEATH**  
 County New Madrid Registration District No. 604  
 Township                      Primary Registration District No. 580  
 City                      (No.                     ) St.                      Ward                     

**2. FULL NAME**  
Glen Henry 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. 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) Single

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

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

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>8</u>	<u>0</u>	<u>0</u>	<u>                    </u>

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work None 1866  
 (b) General nature of industry, business, or establishment in which employed (or employer)                       
 (c) Name of employer                     

**9. BIRTHPLACE (CITY OR TOWN)** Mo  
 (STATE OR COUNTRY)

**10. NAME OF FATHER** Bedford Robinson

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

**12. MAIDEN NAME OF MOTHER** Eva Willis

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

**14. INFORMANT** Bedford Robinson  
 (Address) Mathews Mo

**15. FILED** 4/3 28 Mo Robinson  
 19                      REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** May 9th 1928

**17. I HEREBY CERTIFY, That I attended deceased from**                     , 19                     , to                     , 19                     , and that I last saw h.                      alive on                     , 19                     , and that death occurred, on the date stated above, at                      Mo.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Regulation from Fall from Bed  
accidental  
 (duration)                      yrs.                      mos.                      da.

**18. WHERE WAS DISEASE CONTRACTED** 185  
 IF NOT AT PLACE OF DEATH?                     

**19. DID AN OPERATION PRECEDE DEATH?** 8 DATE OF                       
 WAS THERE AN AUTOPSY?                     

**WHAT TEST CONFIRMED DIAGNOSIS?**                       
 (Signed) D. J. Aker, M. D.  
 , 19                      (Address) New Madrid

\*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** Greenberg Cem. DATE OF BURIAL 5-10 1928

**20. UNDERTAKER** Richards and Co ADDRESS                     

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.

JUL 28

State of New York  
County of ...  
In SENATE  
January 10, 1900

IN SENATE  
January 10, 1900

REPORT OF THE  
COMMISSIONERS OF THE LAND OFFICE  
IN ANSWER TO A RESOLUTION PASSED BY THE SENATE  
MAY 10, 1899

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County New Madrid Registration District No. 604 File No. ....  
 Township ..... Primary Registration District No. 3-802 Registered No. 439  
 City ..... (No. ....) St. .... Ward)

**2. FULL NAME**

Glen Henry 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work ..... (duration) .... yrs. .... mos. .... ds.  
 (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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED 6/13/28 W. Bannan REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1928

17. I HEREBY CERTIFY That I attended deceased from ..... 19....., 19..... that I last saw h..... alive ..... 19....., and that death occurred, on the date stated above at .....

THE CAUSE OF DEATH WAS AS FOLLOWS:

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....  
 WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed)....., M. D.  
 , 19 (Address)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)....., M. D.

, 19 (Address)

\*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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

Richard W. Co. New Madrid

ated EXACTLY. PHYSICIANS should state ment of OCCUPATION is very important.

of information should be carefully su. I in plain terms, so that it may be pro.

N. B.—E. CAUSE O

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

SUPPLEMENTARY

S-17906