

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

Do not use this space.

19818

**1. PLACE OF DEATH**

County Mexican  
Township \_\_\_\_\_  
City Mexico

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_  
(No. 1023 West Buckhaver)

File No. \_\_\_\_\_  
Registered No. 103  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** James Henry Robinson

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June - 23 - 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84      —      6

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired Farmer 162  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Clark Co Ky  
(STATE OR COUNTRY)

10. NAME OF FATHER C. T. Robinson

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Wm Robinson  
(Address) Mexico City MO

15. June 28 1928 Fra S. Higgins  
FILED \_\_\_\_\_ REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29 1928

17. I HEREBY CERTIFY, That I attended deceased from June 29, 1928, to June 29, 1928, that I last saw him alive on Sunday 29, 1928 and that death occurred, on the date stated above, at \_\_\_\_\_, m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Heart failure and old age

From history (duration) yrs. mos. da. 9.4 yrs old

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 104  
IF NOT AT PLACE OF DEATH? \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) R. E. Smith, M. D.  
, 19 (Address) Mexico 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 Mexico MO DATE OF BURIAL 7-1-1928

20. UNDERTAKER H. A. Procht ADDRESS Mexico 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.

1928  
84  
1844~