7 1928

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

Do not use this space.

1. PLACE OF DEATH
County Monroe — Registration District No. 582 — File No. 27968
Township Jackson — Primary Registration District No. 5779 — Registered No. 42
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME James A. 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. 5 mos. 26 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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: Susan Robinson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 28, 1859

7. AGE: Years 69 — Months 1 — Days 28 — If LESS than 1 day, ... hrs. or ..... min.

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: Self

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

PARENTS
10. NAME OF FATHER: Wm Robinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Jane Parks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ireland

14. INFORMANT: Roy Robinson
(Address) Paris, Mo.

15. FILED AUG 27 1928, 19..... H C Payne, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) AUG 26 1928 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 8 1, 1927, to Aug 26, 1928 that I last saw h. alive on Aug 26, 1928, and that death occurred, on the date stated above, at 9:25 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis Endeavs in ochite uremia
131 (duration) 4 yrs. 8 mos. — ds.
1320
CONTRIBUTORY (SECONDARY) ..... (duration) — yrs. — mos. — ds.
1290

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AS PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Signs
(Signed) H C Payne, M. D
AUG 27, 1928 (Address) Paris, 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: Pittsfield, Ill. — DATE OF BURIAL: 8/28 1928

20. UNDERTAKER: Speed & Blakey — ADDRESS: Paris, 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.