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

Do not use this space.

29473

1. PLACE OF DEATH
County: Stoddard — Registration District No. 840 — File No.
Township: Duck Creek — Primary Registration District No. 6102 — Registered No. 31
City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Louis Robinson
(a) Residence. No. ..... Asherville MO ..... 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 (*write* the word): S

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

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

7. AGE: About — YEARS: — MONTHS: 17 — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: —
(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): Asherville MO

PARENTS
10. NAME OF FATHER: Bland Robinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): MO
12. MAIDEN NAME OF MOTHER: Annie Starks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): MO

14. INFORMANT: Bland Robinson
(Address): Asherville MO

15. FILED: Sept 11, 1928 — E L Hope, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8/30th 1928

17. I HEREBY CERTIFY, That I attended deceased from 8 30th, 1928, to 8-30, 1928, that I last saw h..... alive on 8/30th, 1928, and that death occurred, on the date stated above, at 7 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Flux —
119B
113B (duration) ..... yrs. ..... mos. 10 ds.

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

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) W. L. Greathouse, M. D
8/30, 19 (Address) Fisk 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: Robinson Cemetery — DATE OF BURIAL: 8/31 1928

20. UNDERTAKER: ~~Fred~~ Roy Barter — ADDRESS: Asherville 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.