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

Do not use this space.

39158

1. PLACE OF DEATH
County Stoddard — Registration District No. 839 — File No.
Township ~~[illegible]~~ Elk — Primary Registration District No. 6100 — Registered No. 57
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Cay 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: 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) Aug 19 1917

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
11	2	14	

8. OCCUPATION OF DECEASED 21
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) School
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Elk Township
(STATE OR COUNTRY) Stoddard Co Mo.

PARENTS
10. NAME OF FATHER Miles Robinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Stoddard Co Mo
12. MAIDEN NAME OF MOTHER Flora Edwards
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Stoddard Co Mo

14. INFORMANT Jos M Simmons
(Address) Cape Girardeau

15. FILED 11/4/28, 19 J W Hollis Dexter Mo
J P Brandon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 2 1928, 19 ....., to Nov 3, 28 that I last saw h. ~~in~~ alive on Nov 3, 1928, and that death occurred, on the date stated above, at 11 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hydrophobia
Bitten by Dog Oct 2 1928.
..... (duration) ..... yrs. ..... mos. 4 ds.
CONTRIBUTORY (SECONDARY) none
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of Death
9 DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical —
(Signed) Wm J Hurt, M. D
, 19 (Address) Essex 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: Bernie Mo — DATE OF BURIAL: 11/4 1928
20. UNDERTAKER: None — 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.