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

Do not use this space. 5524

1. PLACE OF DEATH
County: Buchanan — Registration District No. 85
Township: — Primary Registration District No. 1001
City: St. Joseph. (No. Missouri Methodist Hosp. St. Ward)
File No.
Registered No. 189

2. FULL NAME: Attison J. Robinson
(a) Residence. No. St., Ward. Stanberry, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan, 26, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	49	0	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Restaurant Proprietor
(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): Louisville, Ky.

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Sallie Hale
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.

14. INFORMANT: Mrs. Sadie Robinson
(Address) Stanberry, Mo.

15. FILED FEB 14 1929 19 John G. Joyce REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb, 14, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Fe 14, 1929, to Fe 14, 1929 that I last saw h alive on Fe 14, 1929, and that death occurred, on the date stated above, at 12.45 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Gangrenous intestine from intestinal obstruction: from adhesions from old post operative hernia (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) 118 [illegible] (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: St Joseph Mo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Fe 14th 11 am
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Inspection
(Signed) F G Thompson, M. D.
Fe 15, 1929 (Address) 825 Charles

*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: Stanberry, Missouri — DATE OF BURIAL: Feb, 16, 1929

20. UNDERTAKER: Walter Meinhoffer — ADDRESS: 1302 Faraon St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

Mar 21 1929