

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

Do not use this space.

17988

**1. PLACE OF DEATH**

County Jackson

Registration District No. 398

Township Blue

Primary Registration District No. 3017

City Independence

St. 307 North Hooker Ward

File No. \_\_\_\_\_

Registered No. 198

**2. FULL NAME**

Hendell Robinson

(a) Residence. No. 307 N. Hooker St., \_\_\_\_\_ Ward.

(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 Male 4. COLOR OR RACE Col. 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) Sept. 14, 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 8 5

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Independence  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Ollie Robinson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) N. C.  
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Thelma Hickman

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

14. INFORMANT Ollie Robinson  
(Address) 307 N. Hooker

15. FILED 5-21-29 72 Cook  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/19 1929

17. I HEREBY CERTIFY, That I attended deceased from 22 May 1929 to 19 May 1929 that I last saw him alive on 19 May 1929 and that death occurred, on the date stated above, at 8 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

118  
Gastrointestinal  
Infection (duration) yrs. mos. ds. 2

CONTRIBUTORY (SECONDARY) 116  
(duration) yrs. mos. ds.

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

(DID AN OPERATION PRECEDE DEATH) No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Specs. & cultures

(Signed) Samuel W. Ely M. D.

5-21, 1929 (Address) 1098 Maple St. 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 Hoodlawn  
DATE OF BURIAL 5/21 1929

20. UNDERTAKER Watkins Bros  
ADDRESS 1729 Lydia  
St. Mo.

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

JUN 25 1929  
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.

J. H. Griffin

1