JUN 27 1929

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

Do not use this space.

19111

1. PLACE OF DEATH

County Randolph — Registration District No. 733 — File No.

Township — Primary Registration District No. 4438 — Registered No. 18

City Huntsville (No. ..... St. ..... Ward)

2. FULL NAME Taft 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: Male

4. COLOR OR RACE: Negro

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) Oct. 11, 1907

7. AGE: Years 21 — Months 6 — Days 18 — If LESS than 1 day, ... hrs. or ..... min.
about 22 yr

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work General Labor

(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) Howard Co

PARENTS

10. NAME OF FATHER George Robinson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Howard

12. MAIDEN NAME OF MOTHER Mary Jane Harvey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Howard Co

14. INFORMANT Russell Robinson
(Address) Huntsville

15. FILED June 10, 1929 G G Bragg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/10 1929

17. I HEREBY CERTIFY, That I attended deceased from May 8th, 1929, to May 10, 1929, that I last saw him alive on May 10, 1929, and that death occurred, on the date stated above, at 6:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

72 Splenomyelogenous Lukemia
131

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Chr. Interstitial nephritis

(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? No. DATE OF 5/10/29

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Blood count & Smears

(Signed) H. C. Griffiths M. D

6/1, 1929 (Address) Moberly 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: Huntsville — DATE OF BURIAL: May 18 1929

20. UNDERTAKER: Tom Patton — ADDRESS: Huntsville

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.

237