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

Do not use this space.

37096

File No. 4503
Registered No.

1. PLACE OF DEATH U.S.V.Hosp.
County Jackson
Township Kaw
City Kansas City, Mo. (No. U. S. Veterans Hospital St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME ROBINSON, William Foreman C-None VOE
(a) Residence. No. 2429 Askew, St., 14 Ward. Sgt. Co I 140th Inf. Co D
(Usual place of abode) Kansas City, Mo. (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: 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) Feb. 27, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36	8	7	

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

9. BIRTHPLACE (CITY OR TOWN) Hannibal,
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Norman Robinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri.
12. MAIDEN NAME OF MOTHER Lula Rubinson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Monroe City
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Lula McCormick (mother)
(Address) 2429 Askew, Kansas City, Mo.

15. FILED 11/5, 1929 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 4 1929

17. I HEREBY CERTIFY, That I attended deceased from October 7, 1929, to November 4, 1929 that I last saw him alive on November 4, 1929 and that death occurred, on the date stated above, at 11:30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis, chr. Interstitial
(duration) 3 yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) Pericarditis, chr. adhesive with V.H.D. Mitral Insufficiency
(duration) 3 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam & Lab. Findings
(Signed) W. E. CHAMBERS, M. D.
W. E. CHAMBERS, Medical Officer in Charge.
U.S.V. Hospital, Kansas City, Missouri.

*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 Forest Hill Cemetery — DATE OF BURIAL 11/6 1929
20. UNDERTAKER Mellody McGilley Co — ADDRESS 3133 Euclid Ave

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.