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

Do not use this space.

297

File No.
Registered No. 5

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 82
Township: Mosphinghi — Primary Registration District No.: 5127
City: St Joseph (No. County Farm, St. Ward)

2. FULL NAME: Walter Robinson
(a) Residence. No. St Joseph, 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): No Facts

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: No Facts

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1862

7. AGE: 68 YEARS; MONTHS: No Facts; DAYS: No Facts; If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): No Facts
(STATE OR COUNTRY): No Facts

PARENTS
10. NAME OF FATHER: No Facts
11. BIRTHPLACE OF FATHER (CITY OR TOWN): No Facts
(STATE OR COUNTRY): No Facts
12. MAIDEN NAME OF MOTHER: No Facts
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): No Facts
(STATE OR COUNTRY): No Facts

14. INFORMANT: County Farm Records,
(Address): County Farm,

15. FILED: Jan 11, 1930 — J. J. Ramsey — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 8th 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 4th, 1929 to Jan 8th, 1930, that I last saw him alive on Jan 7th, 1930, and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebro-Spinal Syphilis
Cerebral Hemorrhage
Arteria Sclerosis
(duration) 5 yrs. mos.

CONTRIBUTORY (SECONDARY): Bronchitis
(duration) yrs. mos. 3

18. WHERE WAS DISEASE CONTRACTED: 34
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TESTS CONFIRMED DIAGNOSIS? Clinical

(Signed) A. E. Stoller, M. D.
Jan 8th, 1930 (Address) 872 Edmond St Joseph 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: City Cemetery — DATE OF BURIAL: Jan 11th 1930

20. UNDERTAKER: Ramsey Funeral Service — ADDRESS: 7th & Olive St Joe Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.