

MAY 27 1930

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

Do not use this space.

Mr. Carlisle  
13560

## 1. PLACE OF DEATH

County PettisRegistration District No. 668Township SedaliaPrimary Registration District No. 3033City Sedalia (No. 1018)G. 20th

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

Registered No. 97

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Anne Robinson

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

Dec 8-1879

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, \_\_\_\_\_ hrs.

or \_\_\_\_\_ min.

50326

8. OCCUPATION OF DECEASED

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

Painter

(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)

MO

10. NAME OF FATHER

C. W. Robinson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mich.

12. MAIDEN NAME OF MOTHER

Francis Jenkins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

MO

14.

INFORMANT Mrs. Fred Robinson(Address) Sedalia, Mo.

15.

FILED 4-7-30J. L. LOVE

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr - 4 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

Jan 10 1930, to Apr 4 1930(That I last saw him alive on Apr 4 1930, and thatdeath occurred, on the date stated above, at 2 35th m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Distention of Heart.730  
953 Few minutes only (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. US.

CONTRIBUTORY (SECONDARY)

Ch. myocarditis

(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? noWHAT TEST CONFIRMED DIAGNOSIS Chemical findings(Signed) Mr. Carlisle M. D.4/5 1930 (Address) Sedalia, 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

DATE OF BURIAL

Herndon MO4/6 1930

20. UNDERTAKER

ADDRESS

SillispieSedalia

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.

