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

Do not use this space.

23426

AUG 26 1930

1. PLACE OF DEATH
County Lawrence — Registration District No. 470 — File No. 29
Township Mt Vernon — Primary Registration District No. 5633 — Registered No.
City ~~Mt Vernon~~ (No. ..... St. ..... Ward)

2. FULL NAME Joseph Robinson
(a) Residence. No. 3122-A School St., ... Ward. St. Louis, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
m.	negro	m.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Joseph Robinson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16 - 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
-	31	10	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer) X
(c) Name of employer Telephone Co. St Louis Mo.

9. BIRTHPLACE (CITY OR TOWN) Macon, Miss.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Birk Robinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Macon
(STATE OR COUNTRY) Miss
12. MAIDEN NAME OF MOTHER Anna Robinson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Macon
(STATE OR COUNTRY) Miss

14. INFORMANT mother
(Address) 3122-A School St. St. Louis Mo.

15. Aug 19, 1930 W. I. Fulton
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 7. 5th 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 7th, 1930, to July 4th, 1930, that I last saw him alive on 7/4th, 1930, and that death occurred, on the date stated above, at 1 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis
23 A (T.A.)
23 B
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hemoptysis
(duration) yrs. mos. 10 ds.

31

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH undetermined
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? clinical + X'ray
(Signed) Scott P. Child, M. D.
7/5th, 1930 (Address) Mt. Vernon, 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 St Louis Mo — DATE OF BURIAL July 8th 1930

20. UNDERTAKER Orr Co. — ADDRESS Mt Vernon Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.