SEP 25 1930

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

Do not use this space.

27215

1. PLACE OF DEATH
County Lincoln — Registration District No. 486 — File No.
Township — Primary Registration District No. 4293 — Registered No. 25
City Elsberry (No. ... St. ... Ward)

2. FULL NAME Norman Gale 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: M.
4. COLOR OR RACE: W
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) Aug 15 - 1929

7. AGE — YEARS: 1 — MONTHS: — — DAYS: 16 — If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN) Elsberry Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Floyd Robinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Elsberry Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Georgia Ray
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Eola Mo
(STATE OR COUNTRY)

14. INFORMANT Floyd Robinson
(Address) Elsberry Mo

15. FILED 9-10, 1930 C. E. Powell, ~~Mo~~ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31st 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1930, to Aug. 31, 1930, that I last saw him alive on Aug. 31, 1930, and that death occurred, on the date stated above, at 9.30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Entero Colitis

119 E (duration) ... yrs. ... mos. 4 ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 113 B

DID AN OPERATION PRECEDE DEATH? ... DATE OF ...

WAS THERE AN AUTOPSY? ...

WHAT TEST CONFIRMED DIAGNOSIS? ...

(Signed) A. M. Taylor, M. D
, 19 (Address) Elsberry 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: Elsberry Cemetary — DATE OF BURIAL: Sept 1 1930

20. UNDERTAKER: W. D. Bradley — ADDRESS: Elsberry

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.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD