

N. E.—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.

OCT 31 1930

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

Do not use this space.

30818

File No. 1  
Registered No. 87  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Polk Registration District No. 703  
Township Johnson Primary Registration District No. 5932  
Hannsville, MO (No. 1124)

**2. FULL NAME**

James B. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 21 - 1852</u>		
7. AGE	YEARS	MONTHS
<u>78</u>	<u>6</u>	<u>12</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Farmer</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) mo.  
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>unknown</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY)

14. INFORMANT J. N. Robinson  
(Address) 229 Oak St. Hannsville, Mo.

15. FILED Sept 12 1930 J. L. Mabey  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 12 1930  
17. I HEREBY CERTIFY, That I attended Deceased from Sept 6, 1930, to Sept 12, 1930  
that I last saw him alive on Sept 11, 1930, and that death occurred, on the date stated above, at 2:22 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Caesinomy of Stomach  
4019  
CONTRIBUTORY (SECONDARY) 1/40  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) Dr. C. Nevins, M. D.  
Sept 12, 1930 (Address) Hannsville, 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 <u>Brookline Cemetery</u>	DATE OF BURIAL <u>Sept. 13 1930</u>
20. UNDERTAKER <u>R. A. Joseph</u>	ADDRESS <u>3199</u>

