

DEC 20 1930

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

Do not use this space.

32074 - a

1. PLACE OF DEATH

County Bollinger
Township Grange
City (No.)

Registration District No. 67
Primary Registration District No. 5702c

File No. _____
Registered No. 28 27
St. _____ Ward _____

2. FULL NAME

Martin W. 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 4 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

White

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

Married

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

Nancy Bagwell Bagwell

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

March 9, 1870

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>60</u>	<u>5</u>	<u>6</u>	<u>27</u>

8. OCCUPATION OF DECEASED

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

Sturtevant, Ill

10. NAME OF FATHER

John Robinson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Ill

12. MAIDEN NAME OF MOTHER

Elizabeth Harrison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Ill

14. INFORMANT (Address)

Nancy Robinson Marble Hill, Mo

15. FILED

11/8 1930 O. A. Sanders REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Sept 6 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1930, to Sept 6, 1930, that I last saw him alive on Sept 10, 1930, and that death occurred, on the date stated above, at 3:15 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic valvular disease of heart
8 42 A

(duration) 7 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

18 DID AN OPERATION PRECEDE DEATH DATE OF _____

18 WAS THERE AN AUTOPSY _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) O. A. Sanders, M. D.
, 19 _____ (Address) Marble Hill 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

Newman Cemetery Oct 7 1930

20. UNDERTAKER

ADDRESS

A. J. Butler Julesville Mo

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

