

NOV 25 1930

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

Do not use this space.

33295

1. PLACE OF DEATH

County Jasper Registration District No. 41
Township Joplin Primary Registration District No. 2002
City Joplin Mo. St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

James Taylor Robinson
(a) Residence No. Freeman 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 6 - 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
81 11 8

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Co. Mo.

10. NAME OF FATHER Math Robinson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) no record

12. MAIDEN NAME OF MOTHER no record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) no record

14. INFORMANT Mrs. E. J. Stroud
(Address) Salina, Okla.

15. FILED 176 19 30 W. Benson Clark
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 14, 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1930 to Oct. 14, 1930 that I last saw him alive on Oct. 14, 1930 and that death occurred, on the date stated above, at 12:15 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Organic heart lesion
454
95F (duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) Operation for removal of cancer of lip (duration) yrs. 6 mos. - ds.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

19. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Barson M. D.
1017 19 30 (Address) Joplin 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
North Cem. Pineville Mo. Oct. 15, 1930

20. UNDERTAKER ADDRESS
Frank Sivers Co. Joplin Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

