

NOV 26 1930

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

37014

File No. _____
Registered No. 79 Ward _____

1. PLACE OF DEATH

County Phelps
Township Rolla
City Rolla (No. _____)

Registration District No. 677
Primary Registration District No. 4403

2. FULL NAME Elmer John Robinson

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. 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

Stella Robinson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July, 4th 1894

7. AGE

36

YEARS

MONTHS

4

DAYS

3

IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Westley Robinson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis, Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Pector

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

14. INFORMANT Mrs. A.H. Honpio
(Address) S. Louis

15. FILED Nov 8 1930 Jos. F. Ayers
REGISTRAR

2 **MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1930, to Nov 7, 1930 that I last saw him alive on Nov 2, 1930, and that death occurred, on the date stated above, at 3:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fracture at base of skull from falling tool due to concrete mixer

(duration) _____ yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Broken femur left broken tibia (right) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF _____

WAS THERE AN AUTO? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. H. Honpio M. D.

, 19 _____ (Address)

*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 DATE OF BURIAL Nov 10 1930

20. UNDERTAKER Mull & Dicklader ADDRESS Rolla, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. NOE should be stated EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY.

