

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.

MAR 27 1931

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

Do not use this space.

11251

1. PLACE OF DEATH
 County St. Charles Registration District No. 757
 Township Primary Registration District No. 3036
 City St. Charles (No. 1009, 2^d Benton Ave St. Ward)

2. FULL NAME Matthew Robinson
 (a) Residence, No. 1009 2^d Benton 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 Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1840

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>90</u>	<u>8</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans, La.

MOTHER FATHER

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Harry Robinson
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Grove Cem. DATE Mar. 7, 1931

19. UNDERTAKER H. H. Allen & Sons Co.
 (ADDRESS) 700 N. 2nd St. St. Charles, Mo.

20. FILED 3/7, 1931 W. G. Blechman
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1931, to March 3, 1931
 I last saw him, alive on March 3, 1931. Death is said to have occurred on the date stated above, at 7:10 a.m.
 The principal cause of death and related causes of importance were as follows:

Atherosclerosis
Myocarditis
Hypertension
Hepatitis

Other contributory causes of importance

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) M. D.
 (Address) 10 Washington St. St. Charles, Mo.

