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.

JUL 22 1931

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

Do not use this space.

20660

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 577

City St. Joseph (No. 122½ North 2 street St. Ward)

2. FULL NAME William Sharp Robison

(a) Residence, No. 122½ north 2 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Ann Robison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 25, 1835

7. AGE: YEARS 95 — MONTHS 6 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
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): Bethany Missouri

FATHER

13. NAME: William Robison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Scotland

MOTHER

15. MAIDEN NAME: Sarah H Winningham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

17. INFORMANT (ADDRESS): Wm. R. Robison St Joseph Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Ashland cemetery
PLACE St. Josephn Mo. DATE June 28 1931

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden 1802 Union st. St. Joseph Mo.

20. FILED 6-28 1931 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 26, 1931

22. I HEREBY CERTIFY, That I ~~attended~~ VIEWED on deceased from ....., 19...., to ....., 19....

I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 11:45A m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

93C

97

93C

Other contributory causes of importance:

Arterio Sclerosis

Name of operation — Date of —

What test confirmed diagnosis? History Was there an autopsy? No

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? no

If so, specify

(Signed) B. W. Tadlock Coroner, M. D.

(Address) 821 Francis