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.

JUL 27 1931

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

Do not use this space.

22255

1. PLACE OF DEATH
County Nodaway — Registration District No. 619 — File No.
Township Atchison — Primary Registration District No. 5821 — Registered No. 9
City ..... (No. ..... St. ..... Ward)

2. FULL NAME George Clark Robinson
(a) Residence. No. 6317 Norton Ave., St., Kansas City, Mo.
(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): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 19, 1907

7. AGE: Years 23 — Months 9 — Days 0 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: truck driver
(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): Napoleon Missouri

PARENTS
10. NAME OF FATHER: George Robinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Napoleon Missouri
12. MAIDEN NAME OF MOTHER: Tora Clark
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): near Lexington Missouri

14. INFORMANT: Chiz K. Lane
(Address) 5704 Sadie Ave, Kansas City, Mo.

15. FILED Jun 19 1931 — H H Wiley — REGISTRAR
July 9-31 — C P Fryer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1931

17. I HEREBY CERTIFY, That ~~I attended deceased from ..... , 19..... to ..... , 19.....~~ ~~that I last saw h..... alive on ..... , 19....., and that~~ death occurred, on the date stated above, at about 1.00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Crushing injuries of chest, received when motor truck overturned on Highway
instantaneous (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 2106
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Chas D Humbird MD, M. D
June 19, 1931 (Address) Coroner, Nodaway County, 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: Kansas City, Mo. — DATE OF BURIAL 19

20. UNDERTAKER: J. R. Kann, Burlington Jct., Mo. — ADDRESS