

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

Do not use this space.

24491

1. PLACE OF DEATH

County Bedford

Registration District No. 168

Township Rocky

Primary Registration District No. 0228

City Rocky

(No.)

St.

Ward

2. FULL NAME

George Robinson

(s) Residence, No. 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 5 14

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

13. NAME John Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

15. MAIDEN NAME Jane Solomon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) Wife. Monteville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACES Sandridge Cem DATE July 27, 1931

19. UNDERTAKER (ADDRESS) Horn-Siders, Adams Springs, Mo

20. FILED 729 1931 J. W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1931

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

I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at 4 A. m.

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

WAL

Date of onset

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)

AUG 25 1931

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Polk Registration District No. 163 File No. _____
 Township Box Primary Registration District No. 5228 Registered No. 40
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 13 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 5 14

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

13. NAME Sam Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

15. MAIDEN NAME Jane Satorian

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saunders

17. INFORMANT Mrs Fannie Robinson
 (ADDRESS) Monticello mo R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sandridge DATE 7-27-1931

19. UNDERTAKER (ADDRESS) _____

20. FILED 7-27-1931 J. W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1931

22. I HEREBY CERTIFY, That I attended deceased from May 20 1931, to July 27, 1931. I last saw him alive on May 20, 1931. Death is said to have occurred on the date stated above, at 4:30 m.

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

Tuberculosis Pulmonary (Date of onset _____)

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) J. W. Dawson, M. D.
 (Address) El Dorado Springs Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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