

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

Do not use this space.

11356

1. PLACE OF DEATH
 108 County Vernon Registration District No. 875
 2 Township Center Primary Registration District No. 3032
 7 City Nevada, Mo. (No. 312 S. Main St. 4th Ward)
 2. FULL NAME James Bryant Robinson
 (a) Residence, No. 312 S. Main St. St. 4th Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. King
 Registered No. 284
 St. 4th Ward

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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27th, 1845
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 86 9 19
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware Dealer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail store
 10. Date deceased last worked at this occupation (month and year) MARCH 2, 1932 11. Total time (years) spent in this occupation. 44
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nicholsville, Ky.
 MOTHER 13. NAME Benjamin Robinson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nicholsville, Ky.
 15. MAIDEN NAME Virginia Bryan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nicholsville, Ky.
 17. INFORMANT C. E. Mellette, Nevada, Mo. (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home, Mo. DATE March 19, 1932
 19. UNDERTAKER Ferry Bros. (ADDRESS) Nevada, Mo.
 20. FILED 4-11-32 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

1. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1932 to Mar. 16, 1932
 I last saw him alive on Mar. 16, 1932 Death is said to have occurred on the date stated above, at 11 P. M.
 The principal cause of death and related causes of importance were as follows:
Acute primary bronchopneumonia Date of onset 3-4-32
107A
 Other contributory causes of importance: 107W
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? (D) Date of injury _____, 19____
 Where did injury occur? (D) (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) E. R. King M. D.
 (Address) Nevada, Mo.

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.

APR 30 1932

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224

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