

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

Do not use this space.

16033

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Grand Primary Registration District No. 1092  
 City Bangor City No. 2419 Campbell St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME George Robinson  
 (a) Residence, No. 2419 Campbell Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

File No. \_\_\_\_\_  
 Registered No. 1874  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>m</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 4, 1894</u>		
7. AGE	YEARS <u>38</u>	MONTHS <u>2</u>
	DAYS <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Janitor 236</u>	11. Total time (years) spent in this occupation _____
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unemployed</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Glasgow Missouri</u>		
FATHER	13. NAME <u>Will Robinson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Lillie Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>Lillie Hadbery 2419 Campbell</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Glasgow Mo</u> DATE <u>578</u> , 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>St. Johns Terra Walker 1729 Leida</u>		
20. FILED <u>May 8</u> , 19 <u>32</u> <u>M. M. Leroune</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 575, 1932

22. HEREBY CERTIFY, That I attended deceased from April 20, 1931, to May 5, 1932  
 I last saw him alive on Apr 30, 1932. Death is said to have occurred on the date stated above, at 10:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Pellegra  
62 62  
 Other contributory causes of importance: none (1)  
 Name of operation none 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? none 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) L. J. Haugh, M. D.  
 (Address) 2700 E 180

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.

F. J. Haugh.