MARGIN RESERVED FOR BINDING

...INLY, 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.

OCT 27 1932

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

Do not use this space.

29792

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No.
Township X — Primary Registration District No. 2029 — Registered No. 247
City Hannibal (No. Levering Hospital St. 6th Ward)

2. FULL NAME Robert Robinson
(a) Residence, No. 201 S. 5th 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 Fannie B. Robinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1848

7. AGE — YEARS: 84 — MONTHS: 2 — DAYS: 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paint & Wall Paper Co
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) Not known Ireland

FATHER
13. NAME ? Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Ireland

MOTHER
15. MAIDEN NAME Not known.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Ireland

17. INFORMANT (ADDRESS) Mrs Fannie B. Robinson, [Wife 201 S. 5th St. Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet DATE Sept 8, 1932

19. UNDERTAKER (ADDRESS) Wm M. Smith 902 Bdwy, Hannibal, Mo.

20. FILED Sept 8 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-28, 1932, to 9-6, 1932
I last saw him alive on 9-6, 1932 Death is said to have occurred on the date stated above, at 6:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	8-5-32
131	
135	
107A / 107A	

Other contributory causes of importance: Urinary obstruction

Name of operation Prostatectomy Date of 8-31-32
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? no 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) W. Hardesty, M. D.
(Address) Hannibal Mo

Please state cause
for the relief
of which the op
eration was
performed.

Enlarged Prostate.

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate. 247.

Name: Robert Robinson

Who died at Hannibal, Mo. (City) (County) on Sept. 6, 1932, (Date)

Residence: No. _____ St. _____ (If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spi[illegible] sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date [illegible]ased last worked at this occupation: Month _____ Year _____

Birth [illegible]ce (State or Country) _____

Birth [illegible]ce of father (State or Country) _____

Birth [illegible] of mother (State or Country) _____

Princ[illegible] cause of death: Bronchio Pneumonia

Other [illegible]ory causes of importance Urinary Obstruction

Name o[illegible]tion Prostatectomy Date of _____

What t[illegible]firmed diagnosis? _____ Was there an autopsy? _____

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 _____

[illegible] related to occupation of deceased? _____