

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

Do not use this space.

✓ 35075
File No. _____
Registered No. 425
St. _____ Ward)

1. PLACE OF DEATH

County Chariton Registration District No. 169
Township Mussey Primary Registration District No. 4098
City Brunswick (No. _____) St. _____ Ward)

2. FULL NAME Clyde F. Robinson

(a) Residence No. Brunswick 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-20 1932

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

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, about 11-30 AM

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-12-1896

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
36 4 8

Taking of Ilix Broude Compound
177X (duration) _____ yrs. _____ mos. _____ ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Hardware Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) 135
(c) Name of employer _____

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Strong City (STATE OR COUNTRY) Mo

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER Chas A Robinson

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio (STATE OR COUNTRY) _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) D. S. ... M. D.

12. MAIDEN NAME OF MOTHER Grace Smith

11/21, 1932 (Address) Salisbury 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. accidental

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Peace City (STATE OR COUNTRY) Kansas City

14. INFORMANT Chas A Robinson

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Address) Brunswick Mo

Brunswick Mo

Nov 22, 1932

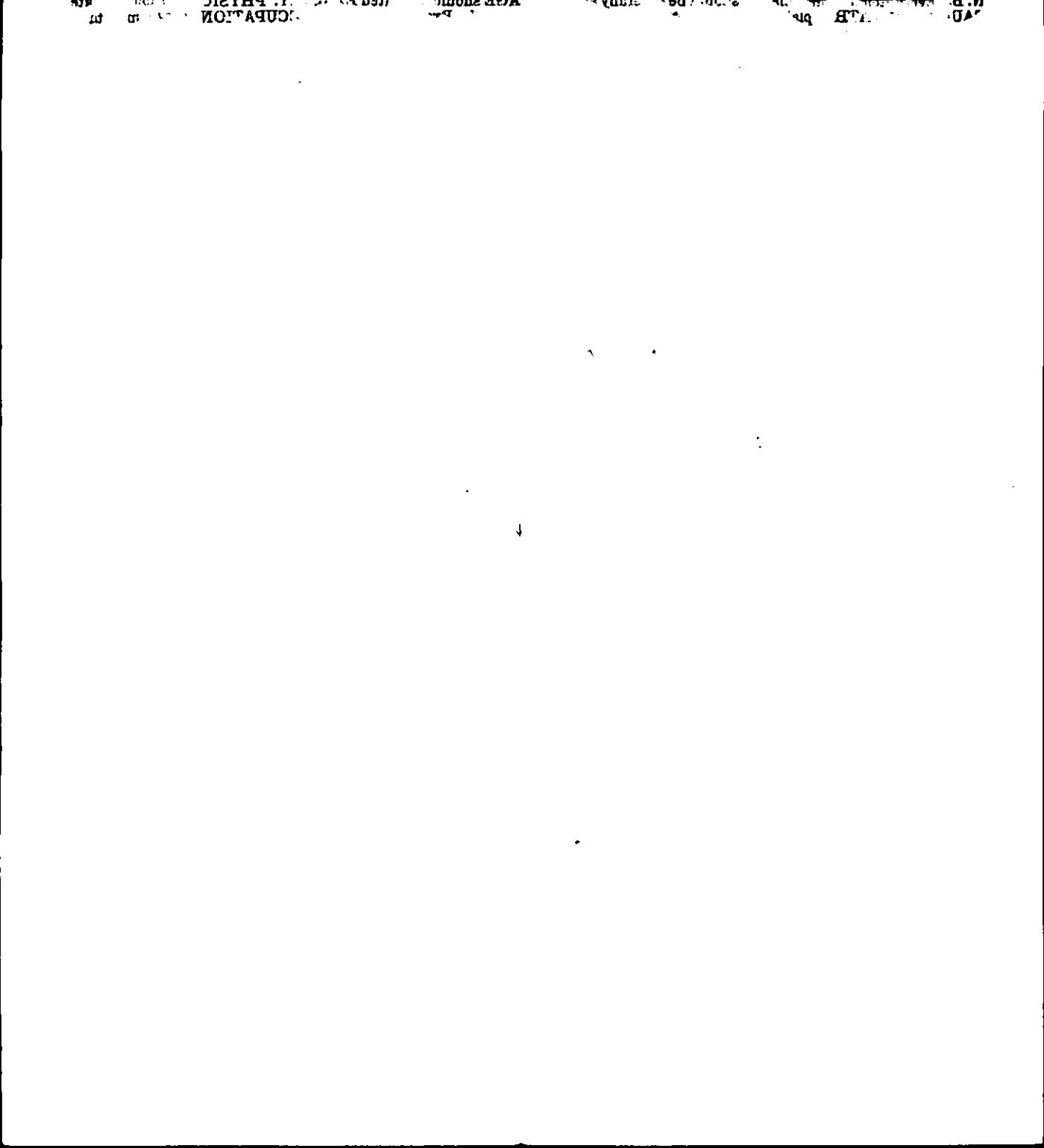
15. FILED 11/21 1932 Harry E. Tatum REGISTRAR

20. UNDERTAKER

L. Meisel Brunswick Mo

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.

MAY 7 1932



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Chariton

Registration District No. 169

Township

Primary Registration District No. 1098

City Brunswick

File No. _____

Registered No. 45

St. _____ Ward _____

2. FULL NAME

Clyde J Robinson

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20, 1932

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

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

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

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

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

Taking Elix. Bromide Date of onset

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

Compound

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

An accident

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER / FATHER 13. NAME

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide _____ Date of injury _____, 19____.

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS)

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury _____

PLACE _____ DATE _____ 19____

Nature of injury _____

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____, M. D.

20. FILED Jan. 17 1933 J. E. Satum Registrar

(Address) _____

SUPPLEMENTARY

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

CAUSE (U.S.P.O. Form 100) In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-35075