

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

Do not use this space.

38959

1. PLACE OF DEATH

25' County Clinton Registration District No. 204 File No. _____
Township Shoal Primary Registration District No. 5282 Registered No. 45
City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME

Simcon Thomas Robinett

(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
(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.

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 25. 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 7 7

OCCUPATION 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) Lawson (STATE OR COUNTRY) Mo

MOTHER 13. NAME Mosby E. Robinett

14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY) 2

15. MAIDEN NAME Mrs. Susan Chaplin

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

17. INFORMANT Mrs. S. T. Robinett (ADDRESS) Turney Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Graveland Cem DATE 12/4 1932

19. UNDERTAKER J. W. Plaud (ADDRESS) Cameron Mo

20. FILED 12/3 1932 D. C. Riley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1932

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 12:30 P. m.
The principal cause of death and related causes of importance were as follows:

(Suicide) with 32 revolver shot entered forehead Date of onset _____

Other contributory causes of importance: 167 101 (5)

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. C. Starks coroner, M. D.
(Address) Turney 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.

JAN 22 1933

