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 24 1933

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

431

Do not use this space.

2034

1. PLACE OF DEATH

51 County Johnson — Registration District No. 431 — File No.

6 Township Warrensburg — Primary Registration District No. 3023 — Registered No.

7 City Warrensburg (No. ..... St. ..... Ward)

2. FULL NAME Everet E Robinson

(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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 6. 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	4	1	

OCCUPATION

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

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) Aug 31, 1925

11. Total time (years) spent in this occupation 23

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

FATHER

13. NAME H. R. Robinson

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

MOTHER

15. MAIDEN NAME Abigial Grevv

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

17. INFORMANT (ADDRESS) Miss Nettie Robinson Warrensburg, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Warrensburg DATE 1/9/33, 19

19. UNDERTAKER (ADDRESS) Sweeney- Phillips Warrensburg, Mo

20. FILED Jan 9, 1933 Wm R Patterson Registrar.

21. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1933, to Jan 7th, 1933

I last saw him alive on Jan 7th, 1933. Death is said to have occurred on the date stated above, at 4P m.

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

Pneumonia (Bronchopneumonia) 11A 10A 11A

Date of onset

Other contributory causes of importance: Influenza

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) O B Hall, M. D.

(Address) Warrensburg, Mo