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

Do not use this space.
10340

1. PLACE OF DEATH
County: Mercer
Township: Somerset
City: ..... (No. ..... St. ..... Ward)

Registration District No. 553
Primary Registration District No. 5754

File No. .....
Registered No. 71

APR 24 1933

2. FULL NAME: Samuel Lawson 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

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~~ Lillian Cribb Robinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 4, 1868

7. AGE: Years 64 | Months 4 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

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. Own farm
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation .....

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

FATHER
13. NAME: John Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Md

MOTHER
15. MAIDEN NAME: Elizabeth Bonnell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Md

17. INFORMANT (ADDRESS): Mrs. Bertha Kaufman ~~Lucerne Ia~~ Mercer Mo

18. BURIAL, CREMATION, OR REMOVAL
Wilson Mercer Co. Mo. DATE 4/1 1933

19. UNDERTAKER (ADDRESS): L. D. Greenlee Lucerne Ia

20. FILED 4/1 1933 Mary A. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1933, to March 25, 1933. Last saw h. ~~in~~ alive on March 25, 1933. Death is said to have occurred on the date stated above, at 5 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
by embolism from	
Myocarditis	
Coronary sclerosis	
was also a contributory factor	

Other contributory causes of importance:
Syd
Syc

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? No.
If so, specify .....
(Signed) L. H. McDonald M.D.
(Address) Bonnerville, 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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD