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.

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

Do not use this space.

37107

1. PLACE OF DEATH

County Livingston, Registration District No. 5140

Township Monroe, Primary Registration District No. M 2603

City ..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Joseph C. 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. [redacted], WIDOWED, [redacted] (write the word) Widowed,

5A. IF [redacted] WIDOWED, [redacted] (OR) WIFE OF Mary C. Robinson,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-4th.-1847

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
86	8	17	

OCCUPATION

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

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

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) England,

FATHER

13. NAME William Robinson,

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Tom Robinson, Ludlow - Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE McCroskrie Cemetery, DATE Nov.23-1933 19

19. UNDERTAKER (ADDRESS) E. P. Michael Braymer, Mo.

20. FILED 11/25 1933 Geo Morse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933 to Nov 20, 1933.

I last saw him alive on Nov 20, 1933. Death is said to have occurred on the date stated above, at 6 9 m.

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

	Date of onset
8 a Senility	
16 v Right Central Hemorrhage	July 33

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? None 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) Geo Morse, M. D.

(Address) Ludlow Mo