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.

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

Do not use this space.

JAN 26 1934

88 1. PLACE OF DEATH

County Randolph — Registration District No. 735 — File No. 41098

Township — Primary Registration District No. 3034 — Registered No. 241

6 City Moberly (No. ..... St. ..... Ward)

8 2. FULL NAME Carter Robinson

(a) Residence, No. 527 Winchester 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Negro	Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-23-1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	42	2	1	

OCCUPATION

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

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 .....

2

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

FATHER

13. NAME Patrick Robinson

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

MOTHER

15. MAIDEN NAME Bettie Hugh

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

17. INFORMANT (ADDRESS) Bertha Kitchen 527 Winchester Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Haynes Chapel DATE Dec 26, 1933 Near Huntsville

19. UNDERTAKER (ADDRESS) Tom B Patton Huntsville, Mo

20. FILED 12-26-1933 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1933, to Dec 21, 1933

I last saw him alive on Dec 21, 1933 Death is said to have occurred on the date stated above, at 12 A. m.

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

Abscess of liver — Date of onset 9-22-33

125B

125

Other contributory causes of importance:

Name of operation Drainage of abscess posterior to liver Date of Sept 23, 33

What test confirmed diagnosis? Operation Was there an autopsy? No

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) F. L. McCormick, M. D.

(Address) Moberly Mo