MAR 24 1934

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

Do not use this space

1. PLACE OF DEATH
County Mississippi
Township ~~Township~~
City Wyatt (No. ..... St. ..... Ward)

Registration District No. 569
Primary Registration District No. 5745

File No. 1896
Registered No. 2

2. FULL NAME Harry 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 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Near 1874

7. AGE Near 59 YEARS MONTHS DAYS 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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brownsville Tenn.

FATHER
13. NAME King Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Manda Shurn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brownsville Tenn.

17. INFORMANT (ADDRESS) Will Shurn Box 364 Wyatt Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cape Grove DATE 1/23 1934

19. UNDERTAKER (ADDRESS) Lau Und. Co. Charleston Mo. Fo Lau Jr.

20. FILED Jan 23 1934 A. Marshall Registrar.

MEDICAL CERTIFICATE OF DEATH 12:25 A.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/23 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1934, to Jan 23, 1934
I last saw him alive on Jan 22, 1934. Death is said to have occurred on the date stated above, at 12:25 a.m.
The principal cause of death and related causes of importance were as follows:

Mitral insufficiency
92 A
38

Date of onset

Other contributory causes of importance
Chronic Malaria

Name of operation none Date of .....
What test confirmed diagnosis? Clyn 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) A. Marshall, M. D.
(Address) Wyatt Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.