MAR 24 1934

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

Do not use this space.

5235

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. 961
Township Raw — Primary Registration District No. — Registered No.
City R. C. Mo. (No. General Hospital #2 St. 3rd Ward)

2. FULL NAME Ray Robinson
(a) Residence, No. 1617 Cottage 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 Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-15-1895
7. AGE YEARS 38 MONTHS 10 DAYS 29 If LESS than 1 day, hrs. or min.

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

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

FATHER
13. NAME Alex Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Deceased
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —

17. INFORMANT (ADDRESS) Record Clerk
18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge DATE Feb. 28, 1934
19. UNDERTAKER (ADDRESS) Adkins Bros. 2000 E. 12th
20. FILED 2-28, 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14, 1934
22. I HEREBY CERTIFY, That I attended deceased from 1-9, 1934, to 2-14, 1934
I last saw him alive on 2-14, 1934 Death is said to have occurred on the date stated above, at 12:05 P.M.
The principal cause of death and related causes of importance were as follows:
Ulcerative Colitis (Amebiasis)
Multiple large hepatic abscesses
Other contributory causes of importance: Toxemia
Date of onset
Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? Yes
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) [signature], M. D.
(Address) General Hosp. #2

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.