

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

Do not use this space.

8690

1. PLACE OF DEATH

4 County Henry Registration District No. 347
Township _____ Primary Registration District No. 3018
City Clinton (No. _____) St. _____ Ward _____

File No. _____
Registered No. 35

2. FULL NAME

(a) Residence, No. Cor. Grand & Water Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-12-1879
7. AGE YEARS 55 MONTHS _____ DAYS 2 IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
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 Life occupation _____

12. BIRTHPLACE (CITY OR TOWN) Dallas (STATE OR COUNTRY) Texas

13. NAME Bennett Halmes Robinson

14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) _____

15. MAIDEN NAME Cordelia Ross

16. BIRTHPLACE (CITY OR TOWN) Ebenezer Mo (STATE OR COUNTRY) _____

17. INFORMANT Mrs Ella Ridley (ADDRESS) 2438 Sawmills

18. BURIAL, CREMATION, OR REMOVAL PLACE Ebenezer Mo DATE 3-15-34

19. UNDERTAKER Fred Williams (ADDRESS) Clinton Mo

20. FILED 3-15-34 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14-34
22. I HEREBY CERTIFY, That I attended deceased from March 10, 1934, to March 14, 1934
I last saw him alive on March 14, 1934. Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:
Solar Pneumonia
(Bilateral lobe lower lobes)
108 / 108
Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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) S. B. Hughes, M. D.
(Address) Clinton, Mo

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.

OCCUPATION
MOTHER FATHER

