

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

Do not use this space.

23826

**1. PLACE OF DEATH**

County Cole  
Township  
City Jefferson (No. ....)

Registration District No. 213  
Primary Registration District No. 3014

File No. 209  
Registered No. ....  
St. .... Ward

**2. FULL NAME** Harry Robinett

(a) Residence, No. Henley, Mo. St. .... Ward.  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1915

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, ..... hrs. or ..... min.
	<u>19</u>			

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.....

12. BIRTHPLACE (CITY OR TOWN) Henley (STATE OR COUNTRY) Missouri

13. NAME F.S. Robinett

14. BIRTHPLACE (CITY OR TOWN) Brumley (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Ollie Philips

16. BIRTHPLACE (CITY OR TOWN) Brumley (STATE OR COUNTRY) Missouri

17. INFORMANT F.S. Robinett (ADDRESS) Henley, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Henley Cem. DATE July 21st. 1934

19. UNDERTAKER G.N. Steffens (ADDRESS) Russellville, Mo.

20. FILED 7/21/34 1934 On Beaford M.K. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20th, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 6 15 P.M.

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

Typhoid Fever

Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis?..... 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?.....

If so, specify.....

(Signed) On Beaford M.K., M. D.

(Address) Jeff City Mo

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 very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

