

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.

SEP 12 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph Mo

(No. 1903 Angelique St)

File No. 28378

Registered No. 961

St. _____ Ward _____

2. FULL NAME

Infant Robinson

(a) Residence, No. 1903 Angelique St., _____ Ward _____

(If nonresident, give city or town and State)

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*) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 13, 34

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) St. Joseph Mo

MOTHER FATHER 13. NAME Henry Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo

MOTHER FATHER 15. MAIDEN NAME Helen Lee Ousley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo

17. INFORMANT (ADDRESS) Henry Robinson 1903 Angelique St

18. BURIAL, CREMATION, OR REMOVAL PLACE City, Cem DATE 8-14-34 19.

19. UNDERTAKER (ADDRESS) B. F. Graves Funeral Home

20. FILED 8/14 506 South 17th St 1934 John R. Kunkel Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 13, 1934 to August 13, 1934

I last saw him alive on August 13, 1934 Death is said

to have occurred on the date stated above, at 1:30 p.

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

Premature Birth - 6 months? 8-13-34

Other contributory causes of importance: 159

Name of operation None Date of None

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? None Date of injury None, 1934

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify None

(Signed) [Signature] M. D. (Address) 1906 DES JARRE ST. JOSEPH MO

