

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

Do not use this space.

43157

NOV 18 1935

1. PLACE OF DEATH

County Jackson Registration District No. 300
 Township North Primary Registration District No. 1003
 City Jackson City (No. 18 Hospital) St. 55th Ward

2. FULL NAME

(a) Residence, No. Jackson St. Galatin Ward. Mon
 (Usual place of abode) (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 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) April 24 1900
 7. AGE YEARS 34 MONTHS 8 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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

FATHER 13. NAME Wm Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delaware

MOTHER 15. MAIDEN NAME Sarah Saunders

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ontario Canada

17. INFORMANT T.B. Hospital
 (ADDRESS) Galatin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Galatin Mo DATE 12-27-34

19. UNDERTAKER Stue McClure
 (ADDRESS) _____

20. FILED 12 25 34 M.M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1930, to Dec 25, 1934
 I last saw him alive on Dec 25, 1934. Death is said to have occurred on the date stated above, at 7:50 p.m.

The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis Date of onset 1930
25% 25%

Other contributory causes of importance:
Tuberculosis lymphatis

Name of operation none Date of _____
 What test confirmed diagnosis? X-ray 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. Hoffmann, M. D.
 (Address) 15 E. Tuberculosis Hospital
Leeds, 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.

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