

FEB 25 1935

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

Do not use this space.

1133

1. PLACE OF DEATH

County Jackson
Township East Blue
City Kansas City

Registration District No. 398
Primary Registration District No. 5554
(No. 11328 Winner Road)

File No. _____
Registered No. 21
St. _____ Ward _____

2. FULL NAME

Joseph Milton Robinson
(a) Residence, No. 11328 Winner Road East Blue Mo. (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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Frances Robinson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 7, 1861
7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min. 73 4 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Merchant
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) Maryland

13. NAME Joseph A. Robinson

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

15. MAIDEN NAME Sarah McGinnis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

17. INFORMANT (ADDRESS) Mary Frances Robinson 11328 Winner Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Crematory DATE Case 19

19. UNDERTAKER (ADDRESS) Shaw & McClure 3735 Hilltop Plaza

20. FILED 1-24-35 J. H. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from now, 1935, to Jan 21, 1935
I last saw him alive on Jan 21, 1935. Death is said to have occurred on the date stated above, at P. m. 11:20
The principal cause of death and related causes of importance were as follows:

Cerebral Arterio-sclerosis Date of onset _____
Chromocardial Degeneration

Name of operation _____ Date of _____
What test confirmed diagnosis? E.K.B. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: 1, 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) George O. Lee, M. D.
(Address) 1002 Argyle Bldg. Kansas 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 is very important.

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