M-Neil

AUG 20 1935

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

Do not use this space.

23998

1. PLACE OF DEATH

County PETTIS — Registration District No. 668 — File No. 229

Township — Primary Registration District No. 3032 — Registered No. 668

City SEDALIA (No. BOTHWELL HOSPITAL St. Ward)

2. FULL NAME ROY ROBINSON

(a) Residence, No. SEDALIA RFD # 3 St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DEC. 29 1891

7. AGE: YEARS 43 — MONTHS 6 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER
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): KANSAS

FATHER

13. NAME: ROBERT ROBINSON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): CANADA

MOTHER

15. MAIDEN NAME: AGNES DEMPSEY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): CANADA

17. INFORMANT (ADDRESS): MRS. ROY ROBINSON SEDALIA MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEM. PARK DATE JULY 14/35

19. UNDERTAKER (ADDRESS): GILLESPIE FUNERAL HOME SEDALIA MO.

20. FILED 7-13-1935 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 12/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-27, 1935, to July 12, 1935

I last saw him alive on July 11, 1935. Death is said to have occurred on the date stated above, at 7:30 a m.

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

Lethargic Encephalitis — Date of onset June 27 1935

Other contributory causes of importance: none

Name of operation [illegible] Date of July 7/35

What test confirmed diagnosis? Clinic 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 none

(Signed) [illegible], M. D.

(Address) Sedalia 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.

100-11-24-33

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