J.R.R.

DEC 16 1935

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

Do not use this space.

35321

1. PLACE OF DEATH

County Butler — Registration District No. — File No.

Township — Primary Registration District No. — Registered No.

City Poplar Bluff, Mo. (No. Poplar Bluff Hospital St. Ward)

2. FULL NAME Benjamin Hillon Robison

(a) Residence, No. Hendrickson, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20, 1902

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
33	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saw-mill laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw-mill

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) Chionia, Missouri

FATHER

13. NAME John Sylvester Robison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co., Illinois

MOTHER

15. MAIDEN NAME Debbie Hodge

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

17. INFORMANT (ADDRESS) Mrs. Ozie Robison Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL Marble Hill Cem. PLACE Poplar Bluff, Mo DATE Nov. 20 1935

19. UNDERTAKER (ADDRESS) Frank Und. Co. Poplar Bluff, Mo.

20. FILED Dec 10 1935 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 1935

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

I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 1:12P m.

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

Septicemia caused from injury received when steel wheel spoke flew from saw dig & pierced rt. chest cavity — Date of onset 11/14/35

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ACCIDENT Date of injury 11-11, 1935

Where did injury occur? Hendrickson Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Steel spoke pierced chest

Nature of injury Hole in rt chest wall

24. Was disease or injury in any way related to occupation of deceased? Yes.

If so, specify

(Signed) J Richard Reynolds, M.D. coroner

(Address) Poplar Bluff

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.