

FEB 24 1936

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

Do not use this space.

1. PLACE OF DEATH

County Saline Registration District No. 796  
Township \_\_\_\_\_ Primary Registration District No. 3038  
City Marshall (No. E. Washington)

File No. 4116  
Registered No. 15  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Henry Robinson  
(a) Residence. No. E. Washington St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/26 1936

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 26 1936, to Jan 26 1936, that I last saw h. alive on Jan 26 1936, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1850

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 86

Cerebral Hemorrhage  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 1 1/2 ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farm laborer (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_ (c) Name of employer \_\_\_\_\_

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County, Mo

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH \_\_\_\_\_

10. NAME OF FATHER Don't know

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Jennie Lewis

WHAT TEST CONFIRMED DIAGNOSIS General symptoms  
(Signed) H. H. Robbs M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Saline County, Mo

. 19 (Address) Marshall, Mo

14. INFORMANT E. L. Green (Address) 520 E. Washington St

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

15. FILED Jan 27, 1936 Helen Weston Deputy REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wainwright Cemetery DATE OF BURIAL Jan 28 1936

20. UNDERTAKER Robbs ADDRESS Marshall, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

