APR 27 1936

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

9016

1. PLACE OF DEATH
County Webster
Township
City Marshfield (No. , St. Ward)

Registration District No. 896
Primary Registration District No. 4542

File No.
Registered No. 13

2. FULL NAME Jackie Dean Robinson

(a) Residence, No. 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1935

7. AGE YEARS MONTHS 5 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Webster Co. Mo

FATHER
13. NAME Robert A Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co Mo

MOTHER
15. MAIDEN NAME Mildred Schoffer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co Mo

17. INFORMANT (ADDRESS) Robert Robinson Marshfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marshfield DATE Mch. 1 1936

19. UNDERTAKER (ADDRESS) McMahan Funeral Dirsir Marshfield

20. FILED Mch. 10 1936 Elizabeth Highfill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1936, to Feb 29, 1936
I last saw h— alive on Feb 29, 1936. Death is said to have occurred on the date stated above, at 2:40 P.m.
The principal cause of death and related causes of importance were as follows:

Double Lobar pneumonia fever with Whooping Cough

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) W F Schlicht, M. D.
(Address) Niangua 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.