

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.

APR 16 1936

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

Do not use this space.

9843

1. PLACE OF DEATH

County Cole Registration District No. 218 File No. _____
Township Clark Primary Registration District No. 5292 Registered No. 3
City Henley (No. _____, _____ St. _____ Ward _____)

2. FULL NAME Samuel I. Robinett

(a) Residence, No. Henley 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) Aug. 17th, 1961

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 4 24

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) Brumley Missouri

13. NAME Daniel Robinett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME Margarett Ash

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Atha Robinett (ADDRESS) Brumley Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Henley Cem. DATE Mar. 24th, 1936

19. UNDERTAKER G. N. Steffens (ADDRESS) Russellville, Mo.

20. FILED Mar 24 1936 Mrs. T. F. Glover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 23rd, 1936 . 19 36

I HEREBY CERTIFY, That I attended deceased from March 22, 1936 to March 22, 1936

I last saw him alive on March 22, 1936 Death is said to have occurred on the date stated above, at 12-30 A.M.

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

Lobar Pneumonia Date of onset 3-20-36

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? No

If so, specify _____

(Signed) S. Marhickey, D.O. (Address) Henley, Mo.

