

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.

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

Do not use this space.

**JUL 24 1936**

22972

1. PLACE OF DEATH  
 County JACKSON Registration District No. 399  
 Township Kani City Registration District No. 1002  
 City Kansas City (No. General Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Raymond V Robinson  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Miami Mo.  
 (Usual place of abode) (If not resident, 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) D. VORCED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-5-1896  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
39 0 11

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mechanist  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ N. Total time (years) spent in this occupation \_\_\_\_\_

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

FATHER  
 13. NAME W. A. Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo

MOTHER  
 15. MAIDEN NAME Ida Cunningham

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

17. INFORMANT W. A. Robinson (ADDRESS) Miami Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Wash DATE June 20 1936

19. UNDERTAKER Newcomers Sons (ADDRESS) Kansas City - Mo.

20. FILED 6/17 1936 M. M. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 1936

22. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_, 19\_\_\_\_  
 I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 5:20 A. M.

The principal cause of death and related causes of importance were as follows:  
Severe and chronic degenerative changes of hips and hips  
ingrowth of spurs  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
18

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

23. If death was due to external causes (violence), fill in as the following: Accident, suicide, Auto, Date of injury 6/15  
 Where did injury occur 175 Broadway St  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Auto  
 Nature of injury Auto

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) \_\_\_\_\_, M. D.  
 (Address) \_\_\_\_\_

Blue Eyes  
Black Hair  
136 lbs.