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

SEP 25 1936

Do not use this space.

31637

1. PLACE OF DEATH
County Madison
Township St. Michael
City Fredericktown (No. ..... St. ..... Ward)

Registration District No. 538
Primary Registration District No. 3028

File No. .....
Registered No. 65

2. FULL NAME Isaac David 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 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
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 Della Montgomery Robinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21, 1871

7. AGE YEARS 64 MONTHS 11 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Laborer
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) Patton Missouri

FATHER
13. NAME Joseph Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patton Missouri

MOTHER
15. MAIDEN NAME Della Montgomery
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patton Missouri

17. INFORMANT (ADDRESS) Walter Robinson Crystal City, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fredericktown DATE Aug 25 1936

19. UNDERTAKER (ADDRESS) Ed H Webb Fredericktown

20. FILED Aug 24 1936 S. C. Slaughter Registrar.
By C. D. Schwaner.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/23/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-18- 1936, to 8-23, 1936
I last saw him alive on 8/23, 1936 Death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:

Heat Prostration — Date of onset 8/18 36

93 d 1

Other contributory causes of importance: Myocarditis

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) W Henry Boorom, M. D.
(Address) Fredericktown Mo