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.

JUN 23 1936

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

Do not use this space.

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No. 48311
Township Mason — Primary Registration District No. 3079 — Registered No. 132
City Hannibal Mo (No. St. Elizabeth Hos. St. Ward)

2. FULL NAME Infant Son of Thos. E & Bessie A Robinson
(a) Residence, No. ( ) St., Ward. S Center Mo.
(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 Affair
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 - 1936
7. AGE YEARS MONTHS DAYS ✓ 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) Hannibal Mo

FATHER
13. NAME Thomas E Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co

MOTHER
15. MAIDEN NAME Bessie A Winders
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co

17. INFORMANT (ADDRESS) T. E. Robinson Center Mo
18. BURIAL, CREMATION, OR REMOVAL Center Mo.
PLACE Olivette DATE May 2 1936
19. UNDERTAKER (ADDRESS) W H Couch Center Mo.
20. FILED May 2 1936 W. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1936, to May 2, 1936
I last saw him alive on May 2, 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Still Born	

Other contributory causes of importance:
Placenta Infarct

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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) John E Brown, M. D.
(Address) Perry Mo

100M-11-24-33