

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.

FEB 7 1937

989

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Primary Registration District No. 2001
City Springfield (No. 837) Hamlin Baptist Church St. 0086 Ward ()

2. FULL NAME

Lee Freeman Robinson
(a) Residence, No. 831 Navey St., Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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 Mellie Robinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
✓ 61 4 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 730
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hamlin Baptist Church
10. Date deceased last worked at this occupation (month and year) Jan 2, 1937 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Willard, Mo.

MOTHER FATHER 13. NAME John Robinson

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

15. MAIDEN NAME Amelia Folsom

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

17. INFORMANT (ADDRESS) Floyd Robinson
Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clear Creek DATE Jan. 31, 1937

19. UNDERTAKER (ADDRESS) W. C. Uigard
Springfield Mo.

20. FILED Jan 30, 1937 Chas A George Registrar
County of Greene County, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 29th, 1937 to Jan 30th, 1937

I last saw h. alive on 8:30, 19 Death is said to have occurred on the date stated above, at 8:30 m.

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

Coronary Sclerosis - Date of onset
He collapsed while singing in his church choir. He had suffered with pain in the region of the heart for several days.

Other contributory causes of importance:

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? Hamlin Baptist Church
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Hamlin Baptist Church

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. H. Patterson, M. D.
(Address) Springfield, Mo.

