MAY 7 1937

B 15171

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

Do not use this space.

14036

File No.

Registered No. 3532

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis, Mo. (No. City Hospital #1 St. Ward)

2. FULL NAME James David Robison

(a) Residence, No. 5696 Kingsbury St., 5 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Robison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-4-1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Live stock

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

FATHER

13. NAME Unknown ?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT M. Williams
(ADDRESS) City Hospital #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pittsfield Ill DATE April 2 '37

19. UNDERTAKER Alexander & Sons
(ADDRESS) 6175 Delmar Blvd.

20. FILED APR 1 1937 J. F. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/31/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/19/37, 19, to 3/31/37, 19

I last saw him alive on 3/31/37, 19. Death is said to have occurred on the date stated above, at 5:05 m A

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

	Date of onset
Cardiac hypertrophy with auricular fibrillation & decompensation	
Generalized arteriosclerosis with hypertension	

Other contributory causes of importance:

Senile dementia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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?

If so, specify

(Signed) Charles M. Jessee, M. D.

(Address) City Hospital #1

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.