

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

Do not use this space.

JUL 29 1937

23923

1. PLACE OF DEATH

County Jackson
Township Prayer
City Little Blue Mo. (No. Jackson Co. Home)

Registration District No. 400
Primary Registration District No. 5553 B

File No. _____
Registered No. 124
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1306 E. 14th St., _____ Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 75

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed
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) Linton, Mo

13. NAME Bert Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Dinah Howard

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

17. INFORMANT County Home Records (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL Western Dental College (ADDRESS) 7-37

19. UNDERTAKER Thynn + Greenstreet (ADDRESS) Kansas City, Mo

20. FILED July 1 1937 William J. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH 8:30 a.m.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28-37 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-1-37 1937, to 6-23- 1937

I last saw him alive on 6-23- 1937 Death is said

to have occurred on the date stated above, 8:30 a.m.

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

Cortic + Mitral Insufficiency

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Thyroid 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 _____ 1937

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) L. W. Bookman, M. D.

(Address) 2028 Vine St

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.

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