

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.

JUL 3 0 1937

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

Do not use this space.

24316

1. PLACE OF DEATH

County Mississippi Registration District No. 566  
Township Charleston Primary Registration District No. 3030  
City Charleston (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 101

2. FULL NAME

(a) Residence, No. Jerry Hue Robinson St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) P.R. Ave (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 4. COLOR OR RACE Negro 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) Sept. 14-1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8 9

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) Charleston Mo

13. NAME Erick Robinson

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

15. MAIDEN NAME Rosie Barron

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

17. INFORMANT (ADDRESS) Erick Robinson Charleston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sak Stone Cemetery DATE June 4 1937

19. UNDERTAKER (ADDRESS) Franky Linn Funeral Service Charleston Mo

20. FILED 6-4-1937 F. J. Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH 3:00 P M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 1937

22. HEREBY CERTIFY, That I attended deceased from June 1 1937 to June 3 1937  
I last saw h. alive on June 13 1937 Death is said to have occurred on the date stated above, at 3:00 P M.

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

Malnutrition  
9  
Other contributory causes of importance:  
Whooping cough 3 wks.

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis all symptoms 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?  
If so, specify \_\_\_\_\_  
(Signed) E. C. Ross Palwing, M. D.  
(Address) Charleston Mo

