

OCT 19 1937

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

Do not use this space.

34002

1. PLACE OF DEATH

County Cole
Township Clark
City Hershey (No. _____)

Registration District No. 212
Primary Registration District No. 5292

File No. _____
Registered No. LI St. _____ Ward _____

2. FULL NAME

Elisha Robinett

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 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 WH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-7-1893

7. AGE YEARS 43 MONTHS 9 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

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

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) May, 1937 11. Total time (years) spent in this occupation 15

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

MOTHER / FATHER 13. NAME Samuel L. Robinett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crumley, Mo.

15. MAIDEN NAME Margaret White

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

17. INFORMANT Kerry Robinett (ADDRESS) Hershey, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hershey Cemetery DATE Sept 20, 1937

19. UNDERTAKER G. V. STEFFENS (ADDRESS) RUSSELLVILLE, MO.

20. FILED Sept 19, 1937 Mo. V. R. Glover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1937, to Sept. 19, 1937

I last saw him alive on Sept. 16, 1937. Death is said to have occurred on the date stated above, at 9 a. m.

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

Lobar Pneumonia Date of onset 9-14

Other contributory causes of importance: (Jacksonian) Epilepsy birth

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there 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? No
If so, specify _____

(Signed) J. M. Kickey, D.O.
(Address) Hershey, Mo.

WRITE PLAINLY WITH UODING 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.

