

OCT 25 1937

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

Do not use this space.

File No. 35018

1. PLACE OF DEATH

County Pike
Township Puffalo
City Pike County Hosp.

Registration District No. 689
Primary Registration District No. 3033
(No. Pike Co Hospital)

Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. St. Louis, Mo. St. _____ 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. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. C. J. Robinson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 24, 1865</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>9</u>
	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Real Estate</u>	
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8:26, 1937, to 9-2, 1937
I last saw him alive on 9-2-37, 1937. Death is said to have occurred on the date stated above, at 11 P.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

gla

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

FATHER	13. NAME <u>Geo. Washington Robinson</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
MOTHER	15. MAIDEN NAME <u>Eliza Ann Graves</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>

Name of operation none Date of _____
What test confirmed diagnosis? CA Was there an autopsy? no

17. INFORMANT (ADDRESS) Mrs. Virginia Bigg

18. BURIAL, CREMATION, OR REMOVAL Concord Cemetery DATE 9-5-37

19. UNDERTAKER (ADDRESS) Grave Blankhead

20. FILED Sept 3 1937 H. H. Haley Jr Registrar.

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) C. H. Williamson, M. D.
(Address) Louisiana Mo.

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.

