

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 16 1937

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

Do not use this space.

37444

1. PLACE OF DEATH

County Clay
Township Fishing River
City Excelsior Springs, Mo (No. St. Ward)

Registration District No. 198
Primary Registration District No. 3011

File No. 144
Registered No. St. 3d Ward

2. FULL NAME Joe Robinson

(a) Residence, No. Veterans Administration, Excelsior Springs, Mo. Sedalia, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married - separated 10 or 12 years

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12, 1937 19

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

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1937, 19... to Oct. 12, 1937, 19...

I last saw him alive on Oct. 12, 1937, 19... Death is said to have occurred on the date stated above, at 7:14 P.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
45 9 17

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

Volvulus
Peritonitis
Other contributory causes of importance: 12231

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

13. NAME Frank Robinson

Name of operation Laparotomy Date of 10-12-37

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

What test confirmed diagnosis? --- Was there an autopsy? No

15. MAIDEN NAME Aggie Pullum

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Not determined Date of injury --- 19...
Where did injury occur? --- (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place. ---

17. INFORMANT Hospital Records (ADDRESS)

Manner of injury ---
Nature of injury ---

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia, Mo. DATE 10-13-37 19

19. UNDERTAKER Julius A. K. Ficklin (ADDRESS) Kansas City, Missouri

24. Was disease or injury in any way related to occupation of deceased? ---
If so, specify Angerola
(Signed) A. H. J. DODD, M.D., Act. Clin. Dir. M. D.
(Address) Veterans Administration
Excelsior Springs, Missouri

20. FILED 10/22 1937 Rosma T. Cracker Registrar.

7-1-1951

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