

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 395 File No. 1780
 Township Raw Primary Registration District No. 1002 Registered No. 468
 City H. G. Mc (No. 2326 Mangall) St. _____ Ward _____

2. FULL NAME

Hubert Williams, et. Roberson 25th

(a) Residence, No. 2326 Mangall St. _____ Ward _____ (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 col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1857

7. AGE YEARS 81 MONTHS dash DAYS know If LESS than 1 day, _____ hrs. or _____ min.

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) Mo

13. NAME Bobem Robinson

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

15. MAIDEN NAME Rosa Robinson

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

17. INFORMANT (ADDRESS) Therese Frederiek 2326 Mangall

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Muskogee Okla. 30 38

19. UNDERTAKER (ADDRESS) Dahle Bros. 1150 S. 2nd

20. FILED Jan 29 1938 M. M. Orp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-25-38 to 1-28-38, 1938

I last saw him alive on 1-28-38, 1938 Death is said

to have occurred on the date stated above, at B. ORA

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

Acute myocarditis Date of onset _____
Acute myocarditis

Other contributory causes of importance: 93a

(Observed)

Name of operation _____ Date of _____

What test confirmed diagnosis (Clinical) 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 _____, 1938

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 no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) Therese B. Lyons, M.D.
 (Address) 1005 S. 8th St.

Every year or 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.

R. W. Robinson

RECEIVED

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FEB 12 1938

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MO. STATE BOARD OF HEALTH