REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH
County DeKalb. Registration District No. 259 File No. 6598
Township Camden. Primary Registration District No. 4158 Registered No.
City Maysville. (No. ..... St. ..... Ward)

2. FULL NAME Edward Gillespie Robison. 125

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: White.
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) September 17, 1880

7. AGE: YEARS 57 MONTHS 5 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney.
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) Polk Township, DeKalb, County, Mo.

FATHER
13. NAME Joseph Robison,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Township, DeKalb County, Mo.

MOTHER
15. MAIDEN NAME Jennie Gillespie,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

17. INFORMANT (ADDRESS) John J. Robison, Maysville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem. DATE March 4, 1938

19. UNDERTAKER (ADDRESS) U. G. Pilcher, Maysville, Mo.

20. FILED 3-4 1938 Ethel A. Boner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jany. 5, 38, to February 26, 1938
I last saw him alive on February 26, 1938 Death is said to have occurred on the date stated above, at 10:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	Feby. 2 38
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Other contributory causes of importance:	
Diabetes mellitus	1928

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? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) Maysville, Mo.

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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.