

REC'D APR 1 8 1938

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

Do not use this space.

10261

File No. ....  
Registered No. 66  
St. .... Ward)

## 1. PLACE OF DEATH

County Butler Registration District No. 89  
Township Poplar Bluff Primary Registration District No. 3007  
City Poplar Bluff (No. .... St. .... Ward)

## 2. FULL NAME

Samuel M. Robinson 152  
(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 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) ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 18667. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
71 10 11

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

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.

Farmer12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Wartrace, Bedford Co. Tennessee13. NAME Samuel Robinson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford Co. Tennessee15. MAIDEN NAME Mary Jane Wood16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford Co. Tenn.17. INFORMANT William James Robinson  
(ADDRESS) 2035 Maple Ave. Kansas City, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Farmer's Cern. DATE March 26, 193819. UNDERTAKER Chiles Undertaking Co.  
(ADDRESS) Bloomfield20. FILED 3/26 1938 Ed Getzinger Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-24 193822. I HEREBY CERTIFY, That I attended deceased from 3-14, 1938, to 3-24, 1938.I last saw him alive on 3-24, 1938. Death is said to have occurred on the date stated above, at 4 P. m.

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

Pyelonephrosis - Date of onset 3-1-38Endocarditis - with  
auricular fibrillation 1-1-38Other contributory causes of importance: 133AName of operation None Date of None  
What test confirmed diagnosis? Clinal Was there an autopsy? No23. 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 BROOKRESIN(Signed) A. P. Brookresin M. D.  
(Address) Poplar Bluff Mo

© J. B. Johnson

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

10261  
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3007 Registered No. \_\_\_\_\_  
 (c) City Paplar Bluff (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Samuel Robinson

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 10 11

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as 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)

FATHER  
 13. NAME  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 8/10 1988 Obstetinger Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-24, 1988

22. I HEREBY CERTIFY, That I attended deceased from

to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Date of onset

Other contributory causes of importance:

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) A. H. Brookings, M. D.

(Address) Paplar Bluff, Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

