

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

**11866**  
Do not use this space.

REC'D APR 22 1938

1. PLACE OF DEATH  
 (a) County Randolph Registration District No. 733  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4438 Registered No. \_\_\_\_\_  
 (c) City Huntsville (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Patrick Robinson 152  
 (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 male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 1869  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
68 6 8  
 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. Farmer  
 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) May 13 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1938, to Mar. 12, 1938  
 I last saw h. l. m. alive on Mar. 12, 1938. Death is said to have occurred on the date stated above, at 9 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Cancer of Prostate  
Hydronephrosis bilateral  
 Date of onset D.K. 3/1/38  
 Other contributory causes of importance: 51 - ch. myocarditis D.K.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co Mo  
 13. NAME Patrick Robinson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 17. INFORMANT (ADDRESS) Bertha Kitchener Huntsville Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE White Oak Cemetery DATE Mar 18 1938  
 19. FUNERAL DIRECTOR (ADDRESS) Tom B Patton Huntsville Mo  
 20. FILED Apr. 10, 1938 Mrs. D. A. Barnhart Local Registrar.

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? D.K. exam. Was there an autopsy? no  
 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Philip V. Greaves, M. D.  
 (Address) Huntsville, 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.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**