

REC'D SEP 9 1938

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

28471  
Do not use this space.

1. PLACE OF DEATH **3**  
 (a) County Callaway Registration District No. 104  
 (b) Township 1 Primary Registration District No. 3098 Registered No. 191  
 (c) City Fulton, Mo. (d) Street No. State Hospital #1 St.  
 (If death occurred in Hospital Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 0 yrs. 1 mos. 11 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME F. Leon Robinson 152 N. M. O.  
 (a) Residence, No. Fayette Mo. 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 (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29, 1914  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
23 10 6  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
 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) OK 11. Total time (years) spent in this occupation OK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph County, Mo.

FATHER 13. NAME Buster Robinson 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph County, Mo.

MOTHER 15. MAIDEN NAME Susie Brown 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mourse County, Mo.

17. INFORMANT (ADDRESS) State Hosp. Records Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly, Mo. DATE Aug 5, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. L. Capaldo Mexico, Mo. Ry. & C. H. Green

20. FILED Aug 4, 1938 R. N. Creve Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from June 23, 1938 to Aug 3, 1938  
 I last saw him alive on Aug. 3, 1938 Death is said to have occurred on the date stated above, at 9:30 m.  
 The principal cause of death and related causes of importance were as follows:

Traumatic Shock caused by suicidal leap from a 120 ft. water tower  
 Date of onset 8-3-38  
 Other contributory causes of importance: 164

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external cause (violence), fill in also the following:  
 Accident, suicide, or homicide suicide Date of injury 8-3-1938  
 Where did injury occur? Fulton, Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. suicidal leap from a 120 ft  
 Manner of injury water tower  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) F. A. Barnett M. D.  
 (Address) Fulton, Mo.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**