

1260 FEB 20 1939

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

1182
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson
(b) Township Kaw
(c) City Kansas City
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 399
Primary Registration District No. 1002
(d) Street No. 3118 Agnes St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 195

2. PRINT FULL NAME

157 Ulysses H. Robinson

(a) Residence, No. 3118 Agnes St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Robinson 1891

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 11, 1938

7. AGE YEARS 47 MONTHS 3 DAYS 2
If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. American Ry. Rep.
9. Industry or business in which work was done, as saw mill, bank, etc. Association
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) North Carolina

FATHER
13. NAME JAMES ROBINSON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NORTH CAROLINA

MOTHER
15. MAIDEN NAME DONT KNOW

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DONT KNOW

17. INFORMANT (ADDRESS) Mrs. Clara Robinson (Wife) 3118 Agnes, Kansas City, Mo.

18. PLACE OF REMOVAL Parsons, Kansas DATE January 13, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine & McClure Kansas City, Missouri.

20. FILED Jan 16 1939 M. M. Corow Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1938 to Jan 13 1939
I last saw him alive on Jan 13 1939 Death is said to have occurred on the date stated above, at A. m. 5:18
The principal cause of death and related causes of importance were as follows:

Broncho pneumonia
Influenza
Date of onset 12/24/39
12/19/39

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.....
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) Walter Henry M. D.
(Address) 531 Argyle Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 23 1948

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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 conform with the above constitutes grounds for revocation of license.)

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