REG'D FEB 16 1939

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

3098
Do not use this space.

1. PLACE OF DEATH
(a) County: MILLER — Registration District No.: 561
(b) Township: SALINE — Primary Registration District No.: 4378 — Registered No.: 2
(c) City: ELDON — (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: 0 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: UNNAMED Infant of L.D. Robinson
(a) Residence, No.: Eldon St.: ____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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): Jan. 19 1939
7. AGE: YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, ____ hrs. or 10 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: X
9. Industry or business in which work was done, as saw mill, bank, etc.: X
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Eldon Mo

FATHER
13. NAME: L.D. Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Pauline Revens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gladstone Mo

17. INFORMANT (ADDRESS): Pauline Robinson Eldon Mo
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Eldon Mo DATE: Jan 20, 1939
19. FUNERAL DIRECTOR (ADDRESS): Keith M Hays Eldon Mo
20. FILED: 1-20, 1939 Belle Hayne, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 19, 1939
22. I HEREBY CERTIFY, That I attended deceased from January 19, 1939 to January 19, 1939
I last saw him alive on January 19, 1939. Death is said to have occurred on the date stated above, at 3:30 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Other contributory causes of importance:	
Unknown	

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Name of operation: None Date of: --
What test confirmed diagnosis? -- 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?
If so, specify
(Signed) E. C. Shelton, M. D.
(Address) Six South Maple, Eldon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Miller County Health Dep't.
County File Number 39-9
Date Filed 2-13-39

STATEMENT BY LICENSED EMBALMER

I, Keith McKaye, Licensed Embalmer No. 3998

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Keith McKaye

Licensed Embalmer No. 3998

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