

REC'D FEB 11 1939

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

3123

Do not use this space.

1. PLACE OF DEATH

(a) County **Mississippi** Registration District No. **576**
(b) Township **Tynewcity** Primary Registration District No. **3030** Registered No. **16**
(c) City **Charleston** (d) Street No. _____
(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

Pitts Miller Robinson
213 Railroad Ave.
(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 **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Divorced**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 20, 1886**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 10 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired Farmer**
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) **Sharon, Tennessee**

FATHER 13. NAME **Louis Robinson, Tennessee**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Not Known**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not Known**

17. INFORMANT (ADDRESS) **Fannie Bryers Charleston, Mo. Gen Del.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Grove Cemetery Charleston, Mo** DATE **Feb. 2nd 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Nunnelee Funeral Home Charleston, Mo**

20. FILED **2-3-39** **F. D. Overman** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 31 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 25 1939**, to **Jan 31 1939**
I last saw him alive on **Jan 25 1939**. Death is said to have occurred on the date stated above, at **4:00 p.m.**

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

Cerebral Hemorrhage Date of onset **1-25-39**

Other contributory causes of importance:

Cr. Myo Carditis with Atherosclerosis + H.B.P.

Name of operation _____ 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? **no**
If so, specify _____
(Signed) **W. S. Looz**, M. D.
(Address) **Charleston, Mo**

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.