Dr Qualls

REC'D MAR 15 1939

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

Do not use this space.

1. PLACE OF DEATH 2

County Butler — Registration District No. 89 — File No. 6019

Township 1 — Primary Registration District No. 3007 — Registered No. 32

City Poplar Bluff, (No. , St. Ward)

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2. FULL NAME BABY ROBINSON

(a) Residence, No. 910 Grand Ave., St., Ward. Poplar Bluff, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 10-1939

7. AGE: YEARS 0 — MONTHS 0 — DAYS 2 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, 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): Poplar Bluff, Missouri

FATHER

13. NAME: John Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisville, Illinois

MOTHER

15. MAIDEN NAME: Agusta Evans
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Missouri.

17. INFORMANT (ADDRESS): John Robinson, Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Poplar Bluff, Mo. DATE Woodlawn Cem. Feb 12-1939

19. UNDERTAKER (ADDRESS): Frank Und Co., Poplar Bluff, Mo.

20. FILED 2/13 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 12-1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 11th, 1939, to Feb 12th, 1939

I last saw him alive on Feb 11th, 1939. Death is said to have occurred on the date stated above, at 5:00 A. M.

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

Premature 7 months — Date of onset

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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, 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) C. L. Qualls, M. D.

(Address) Poplar Bluff, 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.