

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.

1939 MAR 15 1939

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

Do not use this space.

1. PLACE OF DEATH

County Vernon

Registration District No. 875

Township 2-5

Primary Registration District No. 3089

City St. Joseph, Mo. (No. City Hospital)

File No. 8070

Registered No. 79

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Eddy J. Robinette

(a) Residence, No. S. Alma St. \_\_\_\_\_ Ward \_\_\_\_\_

(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 M 4. COLOR OR RACE W 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) Don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 55 - - -

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Gen. Laborer

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) Monteville, Mo

13. NAME A. H. Robinette

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Mo.

15. MAIDEN NAME Mary Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Mo.

17. INFORMANT Mr. A. G. Sullivan (ADDRESS) Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DePaulwood DATE 2-9-39

19. UNDERTAKER E. Schuyler (ADDRESS) Nevada, Mo.

20. FILED 2-11-39 Allan W. Hays Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1939, to Feb 7 1939

I last saw him alive on Feb 6 1939 Death is said to have occurred on the date stated above, at 6 A. m.

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

Acute Nephritis after an old Chronic Nephritis.

Other contributory causes of importance: Pyelitis.

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Exam. 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 None (Signed) \_\_\_\_\_ M. D.

(Address) Nevada, Mo

RECEIVED

District Health Officer No. 7

District File Number 7-39-393

Date Filed 3-8-37