

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

REC'D APR 19 1939

11367

1. PLACE OF DEATH

55 County Lawrence
Township St. Ursula
City St. Vernon (No. Missouri State Van)

Registration District No. 470
Primary Registration District No. 55-33

File No.
Registered No. 29
St. Ward)

2. FULL NAME

ELMER ATLEE ROBINSON
(a) Residence, No. Couch No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie Robinson

22. I HEREBY CERTIFY, That I attended deceased from July 20 1936 to Feb 18 1939
I last saw h. alive on Feb 18 1939. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22, 1903

to have occurred on the date stated above, at 3:40 P.M.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 1 28

Pneumonia Ice May 1935

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Aug 1935
11. Total time (years) spent in this occupation

Other contributory causes of importance: 29'

FATHER MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Couch Missouri

13. NAME Andrew J Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Co Mo

15. MAIDEN NAME Nancy Rowden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Co Mo

17. INFORMANT (ADDRESS) The medical Registrar Missouri State Van

18. BURIAL, CREMATION, OR REMOVAL PLACE Wagon Mo. DATE 2/19/39

19. UNDERTAKER (ADDRESS) Geo. Carr Home

20. FILED Feb 18, 1939 P. A. Holmes Registrar.

Name of operation Thoracoplasty Date of 2/18/39
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury Yes, 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? Yes
If so, specify Yes
(Signed) Thos. J. Mallie, M. D.
(Address) Wagon, Mo.

WRITE PLAINLY, WITH INK, AND IN THIS IS A PERMANENT RECORD
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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-737

Date Filed APR 6 1939