WRITE PLAINLY, WITH UNFADING INK--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.

I X14028

87

JUL 14 1938

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

727

23025
Do not use this space.

1. PLACE OF DEATH
(a) County Rolls. 2 Registration District No. 5960.
(b) Township Jasper 1 Primary Registration District No. 727. Registered No.
(c) City (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

152

2. PRINT FULL NAME Thomas C. Robinson.
(a) Residence, No. Center, Missouri. 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): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January, 25, 1860

7. AGE: YEARS 79 | MONTHS 5 | DAYS 15. | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer.
9. Industry or business in which work was done, as saw mill, bank, etc.: Farm.
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): Penn. 1

FATHER
13. NAME: Jovis Robinson. 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn. 1

MOTHER
15. MAIDEN NAME: Nancy McDonnald.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

17. INFORMANT (ADDRESS): Susan Robinson. Center, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Chapel. DATE 7/12, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Clyde C. Wilkey. Perry, Missouri.

20. FILED 7/10, 1939. Clyde C. Wilkey, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1939, to July 10, 1939
I last saw him alive on July 9, 1939. Death is said to have occurred on the date stated above, at 7:05 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ludwig's Angina	July 8-39

115b

Other contributory causes of importance:
Arteriosclerosis and Prostatic unknown

Name of operation Date of
What test confirmed diagnosis? Physical 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) John E. Brown, M. D.
654 (Address) Perry, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-39-1227
Date Filed JUL 12 1939

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, Clyde C Wilkey, or by _____,

Registered Apprentice No._____, working under my personal supervision.

Signed Clyde C Wilkey

Licensed Embalmer No. 3820.

P. O. Address Perry, Mo.

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.