

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

33608  
 Do not use this space.

**1. PLACE OF DEATH**

REC'D OCT 13 1939

796  
3038

Registered No. 156

(a) County Saline Registration District No. 2  
 (b) Township Marshall Primary Registration District No. 1  
 (c) City Marshall (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** Lee Washington Robinson

(a) Residence, No. 1065 South Ellsworth 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Sadie Robinson</b>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Dec. 11th, 1874</b>			
7. AGE	YEARS	MONTHS	DAYS
	64	9	12
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>None</b>		
	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) _____		
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Saline County Missouri</b>		
	13. NAME <b>Charles Robinson</b>		
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>		
	15. MAIDEN NAME <b>Emily Rumens</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>			
17. INFORMANT (ADDRESS) <b>Mrs Sadie Robinson Marshall, Mo.</b>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Ridge Park Cem.</b> DATE <b>Sept. 25 1939</b>			
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <b>Campbell-Lewis Marshall, Mo.</b>			
20. FILED <b>9-25-39</b> <b>Mary Kent</b> Local Registrar			

#### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 23 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 14 1939** to **Sept. 23 1939**  
 I last saw him alive on **Sept 23 1939**. Death is said to have occurred on the date stated above, at **2:45 p.m.**  
 The principal cause of death and related causes of importance were as follows:

**Cardiac Hypertrophy with failure**  
**Pneumonia**  
**Nephritis**

Date of onset **1939**  
 June **1938**

Other contributory causes of importance: **12/1**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? **Cholera** Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **no** 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) **A. S. Harding**, M. D.  
 (Address) **Marshall, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED  
of Health Officer No. 8,  
File Number  
10/16/39

**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 *James N. Lewis*  
Licensed Embalmer No. *1191*  
P. O. Address *Marshall*

**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.**