

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

36398
 Do not use this space.

1. PLACE OF DEATH *2*
 (a) County Jasper Registration District No. 417
 (b) Township JOPLIN Primary Registration District No. 3021 Registered No. 84
 (c) City or Webb City (d) Street No. 513 N. HALL 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.

2. PRINT FULL NAME Eldon Eugene Robinson
 (a) Residence, No. 313 N. Hall St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF INFANT
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30, 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
0 0 0 2

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

12. BIRTHPLACE (CITY OR TOWN) Webb City (STATE OR COUNTRY) Missouri

FATHER
 13. NAME Eldon W Robinson

14. BIRTHPLACE (CITY OR TOWN) Carthage (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Valdine Neudabaker

16. BIRTHPLACE (CITY OR TOWN) Salina (STATE OR COUNTRY) Kansas

17. INFORMANT W. E. Robinson (Father) (ADDRESS) Webb City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Centerville DATE 10/1/39

19. FUNERAL DIRECTOR (NAME) Hedge Nelson (ADDRESS) Webb City Mo.

20. FILED OCT 1 1939 Local Registrar P. J. Gibbitt M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1939
 22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1939 to Sept 30 1939
 I last saw in alive on Sept 30 1939 Death is said to have occurred on the date stated above, at 8:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Date of onset
premature BIRTH.
six months GESTATION.

Other contributory causes of importance:
154
 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) W. E. Robinson M.D.
 (Address) Webb City 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.

RECEIVED

District Health Officer No. 6,

District File Number 1139-2229

Date Filed NOV 8 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, or by.....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.