

SEP 19 1940
 FILED AUG 19 1940

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

Do not use this space.

28419

1. PLACE OF DEATH

County Waughsa
 Township Sincoln
 City 152 (No. _____) St. _____ (Ward)

2
 0

Registration District No. 1075
 Primary Registration District No. 5381

File No. _____
 Registered No. 38

2. FULL NAME

Charles Samuel Robinson
 (a) Residence, No. Seymour St., _____ Ward.
 (Usual place of abode)

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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 25, 1940</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>5</u>	<u>1</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) <u>Seymour, Mo.</u>		
FATHER	13. NAME <u>Erwin N. Robinson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Seymour, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Martha Marine Pruitt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Seymour, Mo.</u>	
17. INFORMANT <u>Mrs. Grace Pruitt</u> (ADDRESS) <u>Ava, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Way Cemetery</u> DATE <u>7-27</u> 19 <u>40</u>		
19. UNDERTAKER <u>Wenger Keller</u> (ADDRESS) <u>Ava, Mo.</u>		
20. FILED <u>8-22</u> 19 <u>40</u> <u>Rebe King</u> (Address) <u>white</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 19 40

22. I HEREBY CERTIFY, that I attended deceased from July 13 19 40 to July 26 19 40
 I last saw her alive on July 15 19 40. Death is said to have occurred on the date stated above, at 9:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
 Date of onset July 26 19 40

Other contributory causes of importance:

Name of operation no Date of _____

What test confirmed diagnosis? no 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? no
 If so, specify _____
 (Signed) W. A. Zimmerman M. D.
 (Address) Manassas, 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 impor

RECEIVED

District Health Officer No. 6,

District File Number 940-2518

Date Filed SEP 24 1940

1072

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28419

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 1075-

Primary Registration District No. 5881

Registrar's No. 38

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Green
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Chas Samuel Robinson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years _____ Months 5 Days 1 If less than one day _____ hr _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

{ 13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

{ 14. Maiden name _____

{ 15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Severe cold

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration 5 days

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature M. Zimmerman (M. D. or other) MD

Address Manfield Mo Date signed 10/24/40

SUPPLEMENTAL

