

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24537

State File No.

Registrar No. 222

Registration District No.

Primary Registration District No. 5380

1. PLACE OF DEATH:

(a) County DEKALB
(b) City or town CLARKSDALE (RURAL)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Union Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 YEARS (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME THOMAS ROBINSON

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive, years —

7. Birth date of deceased AUGUST 12, 1900 (Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 23 If less than one day hr. min.

9. Birthplace DEKALB COUNTY, MO. (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business —

12. Name Joseph Robinson

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

14. Maiden name —

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

16. (a) Informant Marville Robinson

(b) Address Clarksdale, Rural

17. (a) Burial (b) Date thereof 7-24-44 (Month) (Day) (Year)

(c) Place: burial or cremation Union Star

18. (a) Signature of funeral director John Brown

(b) Address Marshallville

19. (a) 7-31-44 (Date received local registrar) (b) John Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DEKALB 32
(c) City or town CLARKSDALE (RURAL) 0
(If outside city or town limits, write "RURAL")
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 20
year 1944 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from 4-30 1944 to 7-20 1944
that I last saw him alive on 7-20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Subchronic Edema 4 hours
Myocarditis

Due to Myocarditis
Due to Industrial Manufacturing

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

Major findings: Of operations — 9321

Of autopsy —

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 D. P. Lind (M.D. or other) —

Address Clarksdale, Mo Date signed 7/20/44

MAR 18 1954

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.....

John G. Brown

Licensed Embalmer No. 3933

P. O. Address.....

Mayfield

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, fact should be so stated above: