

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

Do not use this space.

1. PLACE OF DEATH

County DeKalb Registration District No. 258
 Township Washington Primary Registration District No. 5-960a
 City Clarke (No. _____) St. _____ Ward _____

File No. 32378
 Registered No. 10

2. FULL NAME Henry F Robinson

(a) Residence, No. _____ 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. (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 Laura Robinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 6 18

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
 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) Banville, Clark Co, Kentucky, Mo

FATHER
 13. NAME Henry Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Banville, Kentucky

MOTHER
 15. MAIDEN NAME Mary Jane Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Banville, Kentucky

17. INFORMANT (ADDRESS) Laura Robinson

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksdale Cemetery DATE Sep 23 1934

19. UNDERTAKER (ADDRESS) Mrs C M Davis, Clarksdale, Mo

20. FILED 9 22 1934 Mrs C M Davis Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/21/34, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1932, 1932, to 9/20/34, 1934

I last saw him alive on June 1934, 1934 Death is said to have occurred on the date stated above, at 5.30 Am.

The principal cause of death and related causes of importance were as follows:

Creeping Paralysis about 1920

80
80

Other contributory causes of importance:
LOCOMOTOR ATAXIA

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 _____, 1934

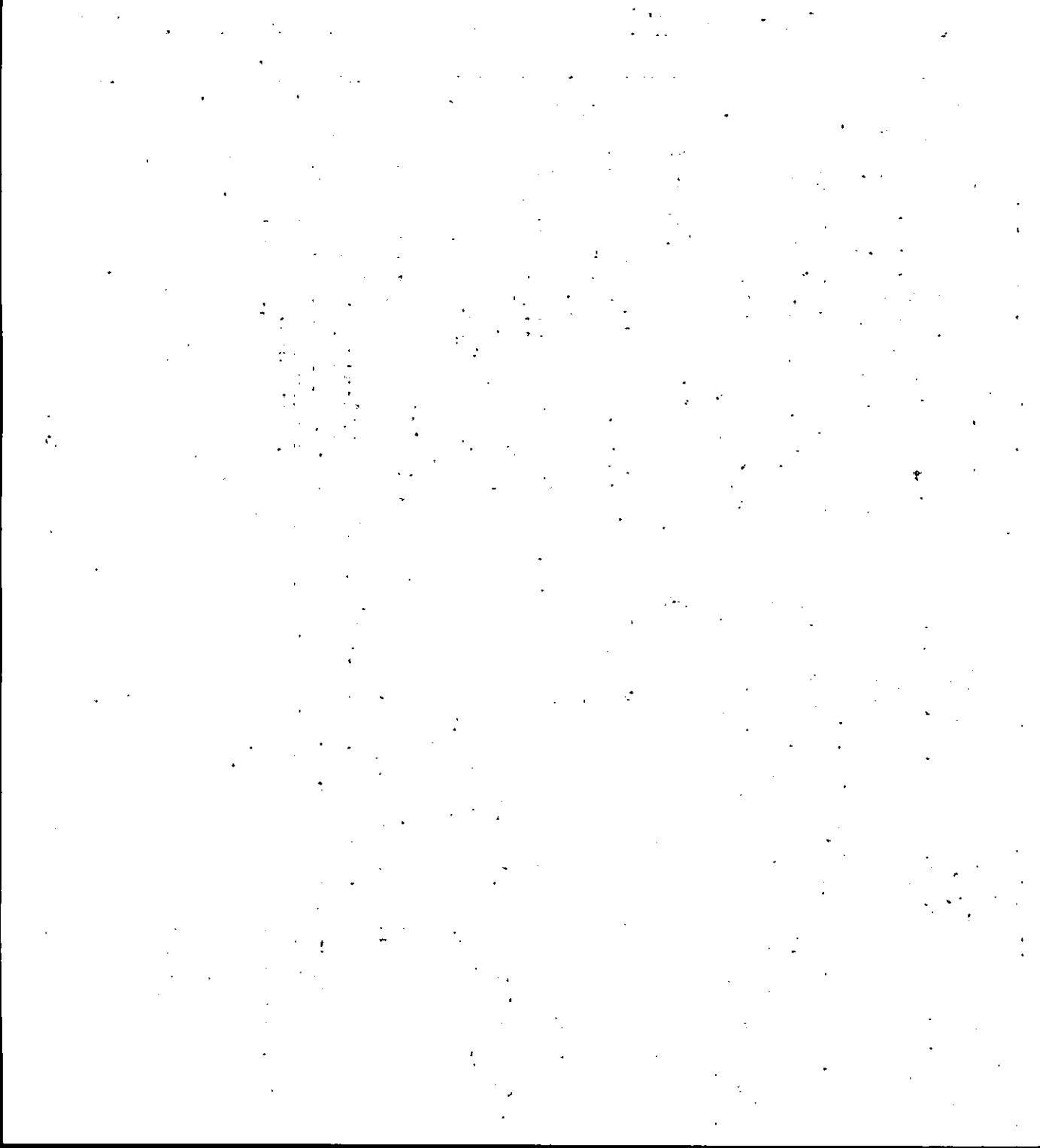
Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) Oscar L. Purkin, M. D.
 (Address) Clarksdale, 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.



S-32378