

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

Do not use this space.

1935 OCT 17 1935

28792

1. PLACE OF DEATH

County Richmond

Registration District No. 85

Township

Primary Registration District No. 1001

City

File No.

Registered No. 989

St.

Ward)

2. FULL NAME

(a) Residence, No.

(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.

Ward.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

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

Nov 18 1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

81

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

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)

Richmond Mo

FATHER

13. NAME

Charles Robinson

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

Richmond Mo

MOTHER

15. MAIDEN NAME

Robinson

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

Richmond Mo

17. INFORMANT (ADDRESS)

State Hospital Records St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Liberty Mo

DATE

Sept 27 1935

19. UNDERTAKER (ADDRESS)

Church - Archer Liberty Mo

20. FILED

9/30 1935

Liberty Mo

John R. Rinder Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Sept 26 1935

22. I HEREBY CERTIFY, That I attended deceased from

Jan 9 1935 to Sept 26 1935

I last saw him alive on Sept 25 1935

Death is said to have occurred on the date stated above, at 12:49 a.m.

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

Cerebroarteriosclerosis

Date of onset

Indefinite

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Plain

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No

Date of injury

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. Miles

M. D.

(Address)

State Hosp No 2

