

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2178

File No. 28

Registered No.

1 PLACE OF DEATH

County MuhlenbergVot. Prec. Bush CreekRegistration District No. 1092Ine. Town..... Primary Registration District No. 6824City..... (No. 1 St.,..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert Edward Robinson(a) Residence. No..... St.,..... Ward.....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. Now long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 Single married
Married
Widowed
or Divorced
(Write the word)5a If married, widowed, or divorced
HUSBAND of Mrs. Lou Robinson
(or) WIFE of6 DATE OF BIRTH June 21, 1894
(Month) (Day) (Year)7 AGE 75 yrs. 5 mos. 15 ds. IF LESS than 1
day..... hrs.
or..... min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work.....
(b) General nature of industry,
business or establishment in
which employed (or employer).....9 BIRTHPLACE (city or town) Muhlenberg Co
(State or country)

PARENTS	10 NAME OF FATHER <u>John Robinson</u>
	11 BIRTHPLACE OF FATHER (city or town) <u>Muhlenberg Co</u> (State or country)
	12 MAIDEN NAME OF MOTHER <u>Eugenia Stone</u>
	13 BIRTHPLACE OF MOTHER (city or town) <u>Muhlenberg Co</u> (State or country)

14 (Informant) Ellis Robinson
(Address) Bush Creek 1515 Filed 1/31, 1934 Walter J. Jansen
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 23, 1933
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from Dec 15, 1933, to Dec 23, 1933
that I last saw him alive on Dec 23, 1933and that death occurred on the date stated above at 7:52 P.M.
The CAUSE OF DEATH* was as follows:Organic Heart..... (Duration) 3 yrs. 1 mos. 15 ds.
Contributory Chronic Nephritis
(Secondary)..... (Duration) 14 yrs. 14 mos. 15 ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) W. E. Richardson, M. D......, 19..... (Address) Bush Creek Ky*State the Disease Causing Death, or, in deaths from Violent
Causes, state (1) Means and nature of Injury; and (2) whether
Accidental, Suicidal or Homicidal. (See reverse side for addi-
tional space.)19-PLACE OF BURIAL OR REMOVAL Jackson County DATE OF BURIAL 12-24-3320 UNDERTAKER J. H. Robinson ADDRESS Bush Creek 15

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.