

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

13204

1 PLACE OF DEATH

County MuhlenbergVet. Pot. Drakesboro, Ky.Ino. Town #5Registration District No. 1088Primary Registration District No. 6821

File No. _____

Registered No. 11City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Roscoe Robinson(a) Residence. Drakesboro, Ky. Ward _____
(Usual place of abode)Length of residence in city or town where death occurred 15 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (write the word) married

6a. If married, widowed, or divorced

HUSBAND of Laura Robinson
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) June 24, 18887. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.
46 10 22

OCCUPATION

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

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) 1925 11. Total time (years) spent in this occupation 412. BIRTHPLACE (city or town) (State or country) Muhlenberg Co. Ky.13. NAME David Robinson14. BIRTHPLACE (city or town) (State or country) Muhlenberg Co. Ky.15. MAIDEN NAME Maggie Ross16. BIRTHPLACE (city or town) (State or country) Butler Co. Ky.17. INFORMANT (Address) Wm. Gray Robinson, Drakesboro, Ky.18. BURIAL, CREMATION, OR REMOVAL Place Simmons Chapel, May 17, 193519. UNDERTAKER (Address) J. R. Kimmel, Drakesboro, Ky.20. FILED 5-23-, 35 J. Kimmel
Registrar.21. DATE OF DEATH (month, day, and year) May 16, 193522. I HEREBY CERTIFY, That I attended deceased from April, 1930 to May, 1935I last saw deceased on May 12, 1935, death is said to have occurred on the date stated above, at 1:30 p. m.

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

Tuberculosis of lungs Date of onset 1920Contributory causes of importance not related to principal cause:
NoneName of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? None23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury NoneWhere did injury occur? None (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. NoneManner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? None If so, specify(Signed) H. D. Newman, M. D.(Address) Drakesboro, Ky.

plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.