

STATE OF KANSAS

STANDARD

Do not write

State Board of Health—Division of Vital Statistics CERTIFICATE OF DEATH

99 1006  
in this space

1 PLACE OF DEATH: County Wabarrussell  
 Township Plum Registered No. 20  
 or City Harveysville No. 100 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2 FULL NAME Joe Van Hook Robinson  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 (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. 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) Single  
 6 DATE OF BIRTH (month, day, and year) Apr 29 - 1881  
 7 AGE Years 39 Months 10 Days 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

16 DATE OF DEATH (month, day, and year) Mar 19 1921

17 I HEREBY CERTIFY, That I attended deceased from July 1920, to Mar 19 1921;  
 that I last saw him alive on Mar 19, 1921,  
 and that death occurred, on the date stated above, at 1:40 p. m.  
 The CAUSE OF DEATH\* was as follows:  
Acute ataxia  
 (duration) \_\_\_\_\_ yrs. 6 mos. \_\_\_\_\_ ds.

8 OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

CONTRIBUTORY (Secondary) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 15 Where was disease contracted If not at place of death? \_\_\_\_\_  
 Did an operation precede death? no Date of \_\_\_\_\_  
 Was there an autopsy? no  
 What test confirmed diagnosis? \_\_\_\_\_  
 (Signed) C. L. Youngman, M. D.  
 , 19 (Address) Harveysville

9 BIRTHPLACE (city or town) near Harveysville  
 (State or country) Kansas  
 10 NAME OF FATHER Frank M Robinson  
 11 BIRTHPLACE OF FATHER (city or town) Westmoreland  
 (State or country) West Virginia  
 12 MAIDEN NAME OF MOTHER Mary Elizabeth Craig  
 13 BIRTHPLACE OF MOTHER (city or town) Anderson  
 (State or country) or Mercer, Ky.

14 Informant Mary E Robinson  
 (Address) Harveysville, Mo.  
 15 Filled 3/20 1921 H. L. Bunker Registrar

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Wilmington DATE OF BURIAL 3/21/21  
 19 UNDERTAKER W J Betts ADDRESS Harveysville

\* 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 additional space.)