1 PLACE OF DEATH.
County of Bibb
Militia District of
or
Inc. Town of
or
City of Macon

GEORGIA STATE BOARD OF HEALTH.
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Registration District No. 481
(For use of Local Registrar)

File No.—For State Registrar 16336

Registered No. 553
(For use of Local Registrar)

S. V. S. 11

2 FULL NAME A. H. Robinson

Residence. No. Macon Hospital St.
(Usual place of abode) (If non-resident give city or town and State) (If death occurred in a Hospital or Institution give its NAME instead of street and number.)
12 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.

5 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

6 DATE OF BIRTH, (Mo. da. yr.)

7 AGE 40 yrs. mos. ds.
If less than 1 year state if breast fed Yes No If less than 1 day hrs. mins.

8 OCCUPATION
(a) Trade, profession or particular kind of work Mill Worker
(b) General nature of industry, business or establishment in which employed (or employer)

PARENTS
9 BIRTHPLACE (State or country) Port Maw
10 NAME OF FATHER G. S. Robinson
11 BIRTHPLACE OF FATHER (State or country) Boston Mass
12 MAIDEN NAME OF MOTHER Mary Morehem
13 BIRTHPLACE OF MOTHER (State or country) Boston Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs A. N. Robinson
(Address) Macon, Ga.

15 Filed July 24 1921 T. W. Morgerum LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 22nd, '21 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ..... 192.... to ..... 192.... that I last saw h..... alive on ..... 192.... and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Gas Gangrene of Stomach
(duration) yrs. mos.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

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) Lee Wright, M. D.
192.... (Address)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Lionville
DATE: 7/24 1921

19 UNDERTAKER: L. H. BURGHARD
ADDRESS: Macon Ga.