

Registration Dist. No. 2100

CERTIFICATE OF DEATH

Registrar's No. 1

Vital Statistics - State Board of Health

61-00000

Birth No.

South Carolina

State File No.

1. PLACE OF DEATH a. COUNTY Lancaster			2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE S.C. b. COUNTY Lancaster		
b. CITY, TOWN, OR LOCATION Lancaster		c. LENGTH OF STAY IN 1b	c. CITY, TOWN, OR LOCATION Lancaster		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) RPD # 5 Camp Creek			d. STREET ADDRESS RPD # 5 Camp Creek		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Aaron		First	Middle Andrew	Last Robinson	4. DATE OF DEATH March 8, 1966
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 6-23-1915	9. AGE (In years last birthday) 50
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professional		10b. KIND OF BUSINESS OR INDUSTRY Baseball Player		11. BIRTHPLACE (State or foreign country) South Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Charles Augustus Robinson		13b. MOTHER'S MAIDEN NAME: Jennie Martha McAteer		14. HUSBAND OR WIFE'S NAME: Eva Ransome Robinson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes World War II		16. SOCIAL SECURITY NO.		17. INFORMANT Address Eva R. Robinson, same as # 2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma testis with metastasis					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 178X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION County _____ State _____	
21. I attended the deceased from March 7, 1966 to _____ and last saw ^{her} him alive on March 7, 1966 . Death occurred _____ m. on the date stated above, and to the best of my knowledge, from the cause stated.					
22a. SIGNATURE <i>[Signature]</i>		(Print name of physician)		22b. ADDRESS Lancaster SC	22c. DATE SIGNED 3/10/66
23a. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> BURIAL		23b. DATE 3-10-66		23c. NAME OF CEMETERY OR CREMATORY Zion Methodist Church	
23d. LOCATION (City, town, or county) (State) Lancaster County, S.C.		24. FUNERAL DIRECTOR'S SIGNATURE Mahaley, Lancaster, S.C.		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

MEDICAL CERTIFICATION