

CERTIFICATE OF DEATH
CONN. STATE DEPT. OF HEALTH

DECLASSED - NAME Jackie Roosevelt Robinson		SEX Male	021466 <small>STATE FILE NUMBER</small>
DATE OF BIRTH Jan. 31, 1919	RACE - WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) Negro	AGE - LAST BIRTHDAY (YR, MO, DA) 53	DATE OF DEATH Oct. 24, 1972
COUNTY OF DEATH Fairfield	TOWN OF DEATH Stamford	HOSPITAL OR OTHER INSTITUTION - NAME BY WHIC IT STANDS, OR STREET AND NUMBER Stamford Hospital D.O.A.	
CITY & STATE OF BIRTH (County, if not U.S.) Cairo, Georgia	CITY OF (Country) U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, LEGALLY SEPARATED Married	LAST SPOUSE (If not, give names above) Rachel Issum
SOCIAL SECURITY NUMBER Unobtainable	USUAL OCCUPATION President-Construction Co	IND OF BUSINESS OR INDUSTRY Construction Company	
RESIDENCE - STATE Connecticut	COUNTY Fairfield	TOWN Stamford	STREET AND NUMBER 103 Cascade Road
WAS DECEASED A VETERAN? Yes	IF YES, GIVE WAR World War II	ARMY OR NAVY United States Army	
FATHER - NAME Jerrett Robinson	MOTHER - MARDEN NAME Mollie McGriff	REGISTRAR - NAME Mrs. Rachel Robinson	
MARRIAGE ADDRESS 103 Cascade Road, Stamford, Conn. 06903		MARRIAGE ADDRESS 103 Cascade Road, Stamford, Conn. 06903	
PART I. DEATH WAS CAUSED BY. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)			APPROPRIATE INTERNAL DETAILS (On 1-1-68)
(a) IMMEDIATE CAUSE IN Stroke Myocardial Infarction DUE TO OR AS A CONSEQUENCE OF (b) 4109 DUE TO OR AS A CONSEQUENCE OF (c)			Sudden Death
PART II. OTHER SIGNIFICANT CONDITIONS			IF YES, WERE THEY CONSIDERED IN DETERMINING CAUSE OF DEATH
Diabetic Mellitus, Insulin			Yes
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED	DATE OF INJURY	HOW INJURY OCCURRED	PLACE OF INJURY
PLACE OF INJURY	LOCATION	SURGERY RELEVANT TO CONDITION REPORTED IN ITEM 10	
CERTIFICATION - PHYSICIAN	DATE	AND LAND SURVEY WEATHER PLUG ON	DEATH OCCURRED
CERTIFICATION - MEDICAL EXAMINER			
I, the undersigned, being a physician on the date and date of death, have examined the body and certify that the cause of death is as stated above.			
DATE Oct 24, 1972		SIGNATURE Paul J. Giverton M.D.	
DATE Oct 24, 1972		SIGNATURE Paul J. Giverton M.D.	
DATE Oct 27, 1972		SIGNATURE Nick J. Doyner	
DATE Oct 27, 1972		SIGNATURE Nick J. Doyner	
DATE Oct 27, 1972		SIGNATURE Nick J. Doyner	

I certify that this is a true copy of the certificate received for record.

Registrar.

Attest: *[Signature]*

THIS CERTIFICATE RECEIVED FOR RECORD ON **OCT 28 1972** BY **Douglas H. Kearns, Registrar**