

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County Jasper
Township _____
or _____
Village _____
or _____
City Jasper (NO. _____ St.: _____ Ward)

Registration District No. 410 File No. 27586
Primary Registration District No. 4243 Registered No. 14

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME John M. Robbins

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Married
WIDOWED OR DIVORCED
(Write the word)

DATE OF BIRTH July 15 1894
(Month) (Day) (Year)

AGE 16 yrs. 2 mos. 4 ds. If LESS than 1 day, hrs. or min.?

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

BIRTHPLACE (City or town, State or foreign country) Virginia

PARENTS
NAME OF FATHER Wm Robbins
BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia
MAIDEN NAME OF MOTHER Not known
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Not obtainable

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G C Robbins
(ADDRESS) Jasper, Mo.

Filed Sep 14 1910 H R King M.D. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sep 11 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sep 10, 1910, to Sep 11, 1910, that I last saw him alive on Sep 11, 1910, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:
Congestion of right lung
13c
111 1/2

(Duration) _____ yrs. _____ mos. 2 ds.
Contributory Acute Dysentery
(SECONDARY) (Duration) _____ yrs. 1 mos. _____ ds.

Signed H R King M. D.
Sep 12 1910 (Address) Jasper, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Jasper Cemetery DATE OF BURIAL Sep 12 1910
UNDERTAKER D W Tealer ADDRESS Jasper

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

