OCT 24 1927

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

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

Do not use this space.

File No. 26504

Registered No. 903

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME: James M Robbins

(a) Residence. No. (Usual place of abode) St., Ward. Camden Point, MO. (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. 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: Anna Robbins

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 25. 1872.

7. AGE: Years 55 | Months 0 | Days 10 | If LESS than 1 day, hrs. or min.

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:

9. BIRTHPLACE (CITY OR TOWN): Bath County,

(STATE OR COUNTRY): Kentucky

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown

(STATE OR COUNTRY): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown

(STATE OR COUNTRY): Unknown

14. INFORMANT: Anna Robbins

(Address): Camden Point, MO.

15. FILED: SEP 6 1927 — John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 5. 1927.

17. I HEREBY CERTIFY, That I attended deceased from August 27, 1927, to Sept 5, 1927, that I last saw him alive on Sept 5, 1927, and that death occurred, on the date stated above, at 5/40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Lymphatic Leukemia

724 (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Shawnee Mo

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Blood findings

(Signed) H. H. Wallace, M. D.

Sept. 6. 1927. (Address) 301 N 8th St Joseph Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Camden Point, Missouri.

DATE OF BURIAL: Sept. 7. 1927.

20. UNDERTAKER: H. O. Siebenfacher

ADDRESS: 1802 Union Stree

H. H. Wallace