

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

Do not use this space.

1627

1. PLACE OF DEATH

County Johnson
Township Warrensburg
City Warrensburg.

Registration District No. 431
Primary Registration District No. 3023

File No. _____
Registered No. _____
City _____ Ward _____

2. FULL NAME Anna Virginia Robbins.

(a) Residence. No. 217. W. Gay St., 1. Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas S. Robbins.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 7, 1852.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 11 23.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper.
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) MO.

10. NAME OF FATHER Edmund Dunn.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) KY.

12. MAIDEN NAME OF MOTHER Zylpha Oats.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) VA.

14. INFORMANT Clell Robbins. (Address) Warrensburg, MO.

15. FILED Feb. 3, 1928 Mrs. R. H. Patterson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 30, 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 1, 1928 to Jan 30, 1928 that I last saw him alive on Jan 29, 1928 and that death occurred, on the date stated above, at 2:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic myocarditis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? bluenail

(Signed) W. E. Johnson M. D.

(Address) Warrensburg MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Liberty DATE OF BURIAL Feb. 2, 1928

20. UNDERTAKER R. Q. Phillips ADDRESS Warrensburg, MO.

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.

MAR 19 1928

