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

Do not use this space.

31459

1. PLACE OF DEATH
County St Francois
Township Randolph
City Frankclay (No. ..... St. ..... Ward)

Registration District No. 33
Primary Registration District No. 6094B

File No. .....
Registered No. 33

2. FULL NAME Amobe Robare

(a) Residence. No. ..... St., ... 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Robare

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer None

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs F Williams
(Address) Frankclay Mo

15. FILED 9/28, 1928 W E Aubuchon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1928, to Sept 27, 1928, that I last saw him alive on Sept 29, 1928, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108
131 (duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis
(duration) 1 yrs. ..... mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? N/A
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W E Aubuchon, M. D
9/28, 1928 (Address) Leadwood

*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 Big River Cem
DATE OF BURIAL 9/28 1928

20. UNDERTAKER J S Boyer
ADDRESS Leadwood

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.