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

Do not use this space.

5603

MAR 21 1929 400

1. PLACE OF DEATH

County Buchanan — Registration District No. — File No.

Township — Primary Registration District No. — Registered No. 166

City St. Joseph (No. State Hospital for Insane #2 St. Ward)

2. FULL NAME William Clarence Robb

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

Length of residence in city or town where death occurred 5 yrs. mos. 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary L. Robb

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 1853

7. AGE: Years 7.5 — Months 8 — Days Unk — If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Railroad Conductor
(c) Name of employer

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

PARENTS

10. NAME OF FATHER: William Robb
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Rachall Scott
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

14. INFORMANT: William Crosby
(Address) R.F.D. #4 Ridgeway, Mo.

15. FILED: FEB 12 1929 John G. Fitz, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 10th 1929

17. I HEREBY CERTIFY, That I attended deceased from 9th February, 1929, to 10th February 1929 that I last saw him alive on 10th February, 1929, and that death occurred, on the date stated above, at 3:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Haemorrhage
82 A
97 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Arterio-Sclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? N/A

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. Silverman, M.D.

10th Feb., 1929 (Address) State Hospital No 2

*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: Ridgeway, Mo.
DATE OF BURIAL: Feby 13 1929

20. UNDERTAKER: Heaton-BeGole / Bowman by J. W. Foole
ADDRESS: 319 S. 10 St. Funeral Home

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.

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