12

OCT 22 1929

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

Do not use this space.

30211

1. PLACE OF DEATH

County: Butler — Registration District No.: 89

Township: Poplar Bluff — Primary Registration District No.: 3007

City: ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. 151

2. FULL NAME Olin Orval Robbins

(a) Residence. No. ..... St., ... Ward. Shidler, Okla.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M-	W-	Wid-

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 31 1863

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
66	4	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Gas Line Inspector

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer: Miss. River Fuel Corp.

9. BIRTHPLACE (CITY OR TOWN) Bloomdale
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Russel Robbins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY) Scotland

12. MAIDEN NAME OF MOTHER Sarah Hillard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY) Iowa

14. INFORMANT U. S. Robbins
(Address) Shidler, Okla.

15. FILED Sept 27 1929 Dr B J Clay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9:22 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 4:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

194 Internal Hemorrhage
113 B
caught under about one ton of dirt & gravel while in an 8 ft. ditch inspecting Gasline mains connections, fracturing
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 6 ~~ribs~~ lower ribs on left side and 5 lower ribs on right side (accidental)
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH accident accoured on the Miss. River fuel, co. Gas line ditch

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? about 24 miles north of Poplar Bluff mo. in

WHAT TEST CONFIRMED DIAGNOSIS? Wayne Co near the town of Baskee mo.

(Signed) Grover Greer M.D.

9/24 1929 (Address) Poplar Bluff 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: Van Buren, Ohio — DATE OF BURIAL: 9-28 1929

20. UNDERTAKER: Frank Undi Co — ADDRESS: Poplar Bluff

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.

3 2 8 2

Died about 40 minutes and died near Poplar Bluff, on the way to the Hospital