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

Do not use this space. Dr. Shane

File No. 40309

Registered No. 895

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township — Primary Registration District No. 2281

City Springfield, Mo. (No. Children's Home-1021 W. Lombard St. Ward)

2. FULL NAME Bessie Allice Robbins

(a) Residence. No. 1021 W Lombard 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 14, 1887

7. AGE: Years 42 | Months 10 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House work

(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) Detroit, Michigan

PARENTS

10. NAME OF FATHER Howard Robbins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Leesburg
(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Allice Biers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Columbia
(STATE OR COUNTRY) Indiana

14. INFORMANT Howard Robbins
(Address) Springfield, Mo.

15. FILED Dec 7, 1929 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 6, 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
that I last saw her alive on Dec. 7, 1929, and that death occurred, on the date stated above, at 12 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epilepsy 1 hr

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Suffocation (Acute Fil.) found dead with buried in Pillow

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Norman C. Shane, Coroner, M. D.

Dec 7, 1929 (Address) Springfield, 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: Weaver, Cem. Ozark, Mo.

DATE OF BURIAL: Dec. 8 29

20. UNDERTAKER: Alma Lohmeyer Funeral Home

ADDRESS: Springfield Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

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