

MAR 27 1931

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

Do not use this space.

1. PLACE OF DEATH

County Putnam

Registration District No. 718

Township Union

Primary Registration District No. 6430

City Unionville (No.)

St. Ward)

2501

File No.

Registered No. 4

2. FULL NAME

Lee M. Robbins

(a) Residence. No. St. Ward. (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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 1-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 11 22

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

9. BIRTHPLACE (CITY OR TOWN) Putnam Co
(STATE OR COUNTRY) Mo

10. NAME OF FATHER J. V. Robbins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jane Gray

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT Eldon Robbins
(Address) Unionville, Mo

15. FILED 1-25-31 J. M. Holman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23, 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1931, to Jan 23, 1931, that I last saw him alive on Jan 23, 1931, and that death occurred, on the date stated above, at 8:25 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 1

myocardial degeneration
of atherosclerosis
to bleed
2 A (duration) 2 mos. ds.

CONTRIBUTORY (SECONDARY) 2 A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED

IF NOT AT PLACE OF DEATH Unionville Mo

2 DID AN OPERATION PRECEDE DEATH? no DATE OF Jan 4-31

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. J. Montague, M. D.

19 (Address) Unionville 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 Unionville Cemetery
DATE OF BURIAL Jan 25 1931

20. UNDERTAKER Courton, Merc & Unionville

