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

Do not use this space.

13217

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 383
City St.Joseph, (No. St.Joseph's Hospital St. Ward)

2. FULL NAME Mary Robbins
(a) Residence. No. St., Ward. Weston, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 18 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)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb,19,1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	69	1	18	

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

9. BIRTHPLACE (CITY OR TOWN) Weston, (STATE OR COUNTRY) Mo.

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

14. INFORMANT Vincent J.Robbins (Address) Weston,Mo.

15. FILED 4-7-31, 19 John R. Bender K.Z. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr,7,1931 19

17. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1931, to Apr 7, 1931 that I last saw her alive on Apr. 7, 1931, and that death occurred, on the date stated above, at 1.15 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Fracture of the neck of the femur left due to accidental fall on side walk.
(duration) yrs. mos. 48 ds.

CONTRIBUTORY (SECONDARY) Pneumonia - Lobar Chronic Pyelitis & Bright's Disease
(duration) yrs. several mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Weston Mo.
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X-Ray & Clinical Symptoms
(Signed) Carl Potter, M. D.
Apr. 7, 1931 (Address) 731 Faraon St. Joseph 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 Weston, Missouri — DATE OF BURIAL Apr,9, 1931

20. UNDERTAKER Walter Meierhoffer 1302 — ADDRESS Faraon St.

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

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.

MAY 2 1 1931