

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

Do not use this space.

15316

**1. PLACE OF DEATH**

County Randolph  
Township Hyabel Mo  
City Hyabel Mo (No. \_\_\_\_\_)

Registration District No. 732  
Primary Registration District No. 4437

File No. \_\_\_\_\_  
Registered No. 12  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Thomas Benton Robb

(a) Residence No. \_\_\_\_\_ 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 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 Mr. Thomas Benton Robb

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 4, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 8 8

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired Miner  
(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) Howard Co Mo

PARENTS

10. NAME OF FATHER Williams Robb

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

12. MAIDEN NAME OF MOTHER Mary Ketchum

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

14. INFORMANT Mrs. Benton Robb  
(Address) Hyabel Mo

15. FILED 4/14 1931 C. F. Burnhalter REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931, to April 12 1931 that I last saw h. m. alive on April 11 1931, and that death occurred, on the date stated above, at 7:45 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral apoplexy  
131  
82A  
97

CONTRIBUTORY Chronic Nephritis (duration) yrs. mos. ds. 7  
Arterio Sclerosis (duration) 2 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? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) C. F. Burnhalter, M. D.

4/14 1931 (Address) Hyabel 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 Trucker Cemetery Hyabel DATE OF BURIAL Apr 14 1931  
20. UNDERTAKER Burton & Menor ADDRESS Hyabel

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.

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

MAY 26 1931

