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

Do not use this space.

17416

File No. 24

Registered No.

1. PLACE OF DEATH
County Clark
Township Lincoln
City Kahoka (No. , St. Ward)

Registration District No. 190
Primary Registration District No. 411-3

2. FULL NAME Mrs. Clara May Paulk Robbins
(a) Residence. No. Near Wyaconda St. Mo. 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. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUN 24 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Wife

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 24 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	8	4	

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

9. BIRTHPLACE (CITY OR TOWN) Near Fairmont Mo
(STATE OR COUNTRY) Clark Co

PARENTS

10. NAME OF FATHER Frank J. Paulk
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hallbrey
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Margaret Bailey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Westonf
(STATE OR COUNTRY) West Virginia

14. INFORMANT Dr. W. P. Paulk
(Address) Kahoka Mo.

15. FILED May 28 1931 J. H. Bridges REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 28 May 1931

17. I HEREBY CERTIFY, That I attended deceased from May 24, 1931, to May 28, 1931, that I last saw her alive on May 28, 1931, and that death occurred, on the date stated above at 1:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Exolinedy Spinal Meningitis following flu - and that preceded by a fall.
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Critical dislocation of spine let up irritation flu - settled in cord
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Near Wyaconda Mo.
DID AN OPERATION PRECEDE DEATH? No DATE OF no
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Arm paralyzed down Dorsalis
(Signed) W. P. Paulk M.D.
May 28 1931 (Address) Kahoka 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	DATE OF BURIAL
Bear Creek Cemetery	May 30 1931
20. UNDERTAKER	ADDRESS
G. E. Bockert	Wyaconda Mo

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Clark — Registration District No. 190 — File No. 17416
Township — Primary Registration District No. 4113 — Registered No. 24
City Kahoka (No. , St. Ward)

2. FULL NAME Mrs. Clara May Pauly Robbins
(a) Residence, No. Near Wyaconda, Mo. 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) M

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

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

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED May 28 31 J R Bridgin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

Localized Spinal Meningitis following Flu and that preceded by a fall
Was out in the barn lot of her-own home, stumbled and fell over some rubbish
Partial dislocation of spine set up irritation - Flu settled in cord

Date of onset: 12

Other contributory causes of importance

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) ....., M. D.
(Address) .....

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be [illegible]
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-17416