

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

Do not use this space.

22510

1. PLACE OF DEATH

County St. Charles
Township Lebanon
City Augusta

Registration District No. 755
Primary Registration District No. 4453

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME

Robert Levi Fine

(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 15 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 Mamie R. Fine

6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
44 7 15

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Mill Right at Saver's Rock
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Warrenton
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Abraham Fine
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Warrenton
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Lucinda Van Bibber
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mathews
(STATE OR COUNTRY) Mo.

14. INFORMANT Mamie Fine
(Address) Augusta Mo.

15. FILED 6-16-31 B. M. Martin REGISTRAR

3 - MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr 1 1928 to June 2 1931
that I last saw him alive on June 2 1931; and that death occurred, on the date stated above, at 11:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho pneumonia
myocarditis 1 yr!
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Silicosis
(duration) 6 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) Calvin Gray M. D.
, 19 August (Address) 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 Evangelical City Cemetery DATE OF BURIAL June 5 1931

20. UNDERTAKER Fred Whichtberg ADDRESS Warrenton Mo

JUL 28 1931

1111 1 3 1055

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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 St Charles Registration District No. 755
Township _____ Primary Registration District No. 4453 File No. _____
City Augusta (No. _____) St. _____ Registered No. 9 Ward _____

2. FULL NAME Robert Levi Fine

(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)
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 M 4. COLOR OF 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) Oct 18 - 1886
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 7 13

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) _____

MOTHER FATHER
13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

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 June 2 1931 B. Maltin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 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:

Date of onset _____
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

S-22570