

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

Do not use this space.

**24237**

1. PLACE OF DEATH  
County Buchanan

**85**

Registration District No. ....

File No. ....

Township St. Joseph  
City St. Joseph

Primary Registration District No. 1001  
201 Texas Ave.

Registered No. 719

2. FULL NAME Charles Vincent Robbins

(a) Residence, No. 201 Texas Ave. 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 Married  
(Use the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 10 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millwright  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Armours & Co.  
10. Date deceased last worked at this occupation (month and year) About 4 years ago. 11. Total time (years) spent in this occupation 17 yrs.

12. BIRTHPLACE (CITY OR TOWN) Davis City  
(STATE OR COUNTRY) Iowa

MOTHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Beatrice Badcliffe  
(ADDRESS) Huron S. D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE July 10, 1931

19. UNDERTAKER Fred H. Clark  
(ADDRESS) 5025 King Hill Av

20. FILED 7-10-31 1931 John R. Bender Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from 4-4, 1931, to 7-9, 1931.  
I last saw him alive on 7-7, 1931. Death is said to have occurred on the date stated above, at 13 P.M.

The principal cause of death and related causes of importance were as follows:  
Carcinoma of lower lip - tongue & chin.

Date of onset 2 yrs.

Other contributory causes of importance:  
None except starvation.

Name of operation Clinical Date of ✓  
What test confirmed diagnosis Clinical Was there an autopsy? No

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? No  
If so, specify C. S. Stansou, M. D.  
(Signed) (Address) 101 1/2 W. Mo ave.

AUG 24 1931

CAUSE OF DEATH IN plain terms, so that it may be properly understood.

1937

1937

1937

1937

1937

1937

1937

1937

1937

**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 Buchanan Registration District No. 83  
 Township St. Joseph Primary Registration District No. 1001  
 City St. Joseph (No. ....) St. .... Ward)

File No. ....  
 Registered No. 919

**2. FULL NAME**

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1931

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

22. I HEREBY CERTIFY, That I attended deceased from ....., to ....., 19....  
 I last saw him ..... alive on ....., 19.... Death is said to have occurred on the date stated above, at ..... m.

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

The principal cause of death and related causes of importance were as follows:

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 .....

Carcinoma of lower part of tongue & chin  
Primary seat floor of mouth underneath tongue  
 Date of onset .....

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

Other contributory causes of importance:

13. NAME

Name of operation ..... Date of .....

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

What test confirmed diagnosis? ..... Was there an autopsy? .....

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19....

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

Where did injury occur? ..... (Specify city or town, county, and State)

17. INFORMANT (ADDRESS)

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury .....  
 Nature of injury .....

PLACE ..... DATE ..... 19....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

19. UNDERTAKER (ADDRESS)

(Signed) ..... M. D.

20. FILED 9-5-31 19 John P. Borden Registrar

(Address) .....

**SUPPLEMENTARY**

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

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-2437