

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

Do not use this space.

9293

1. PLACE OF DEATH *Missouri*  
 County *Wright* Registration District No. *369*  
 Township *Wright* Primary Registration District No. *5743*  
 City *Wright* (No. ) St. *Wright* Ward

2. FULL NAME *Lena Robbins*  
 (a) Residence, No. *Wright 210* St. *Wright* Ward   
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>F</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Sidney Lewis Robb</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Monday 1896</i>		
7. AGE	YEARS	MONTHS
	<i>36</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>housewife at home</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>235</i>	
10. Date deceased last worked at this occupation (month and year) <i>12/12</i>		11. Total time (years) spent in this occupation <i>13 1/2</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Sherton mo</i>		
FATHER	13. NAME <i>Billie Brooksher</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ark</i>	
MOTHER	15. MAIDEN NAME <i>Leabel Brooksher</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ark</i>	
17. INFORMANT (ADDRESS) <i>Sidney Lewis Robb Wright 210</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Wright 210</i> DATE <i>3/6/32</i>		
19. UNDERTAKER (ADDRESS) <i>Wright 210</i>		
20. FILED <i>March 5 1932</i> <i>W. Marshall Registrar</i>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 5 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 23 1932* to *March 5 1932*  
 I last saw her alive on *March 4 1932*. Death is said to have occurred on the date stated above, at *7:30 a.m.*  
 The principal cause of death and related causes of importance were as follows:  
*Malarial Fever*  
 Date of onset

Other contributory causes of importance:  
*38*  
*38*  
 (1)

Name of operation *None* Date of   
 What test confirmed diagnosis? *None* 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. *Home*

Manner of injury   
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*  
 If so, specify   
 (Signed) *W. Marshall Registrar*, M. D.  
 (Address) *Wright 210*

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.

APR 28 1932

