

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.

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

Do not use this space.

SCHUYLER

1. PLACE OF DEATH

County Downing
Township Downing
City Downing (No. 4451)

Registration District No. 802
Primary Registration District No. 4451

File No. 4281
Registered No. Ward

2. FULL NAME Robert Franklin Probasco

(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 w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 31 - 1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 0 9 16

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) Downing mo

MOTHER/FATHER 13. NAME John Probasco

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stroma, Ia

15. MAIDEN NAME Madeline Surrell

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

17. INFORMANT (ADDRESS) John Probasco

18. BURIAL, CREMATION, OR REMOVAL PLACE Cootamilla, Ia DATE Jan 17, 1933

19. UNDERTAKER (ADDRESS) Robert Moore

20. FILED Jan 17, 1933 J. B. Bonifas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16, 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1933 to Jan 16, 1933
I last saw him alive on Jan 16, 1933. Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

Influenza and Broncho pneumonia
1117
Other contributory causes of importance: 1077 HA

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) H. C. Gerwig M. D.
(Address) Downing, Mo.

