

Columbus Jefferson Robins

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

Do not use this space.

4704

1. PLACE OF DEATH

9 County Ballinger
Township Fullerton
City Fullerton (No.)

Registration District No. 69
Primary Registration District No. 5700

File No. V
Registered No.
St. Ward)

2. FULL NAME

Jeff Robins
(a) Residence, No. St., 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 <u>Male</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Judy Robins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7.16-1880</u>		
7. AGE <u>52</u>	YEARS <u>12</u>	MONTHS <u>5</u>
	DAYS <u>5</u>	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) Fullerton

MOTHER FATHER 13. NAME Par Robins

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

15. MAIDEN NAME Cooper

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

17. INFORMANT (ADDRESS) C. P. Robins

18. BURIAL, CREMATION, OR REMOVAL PLACE Grassy DATE Feb 8 33

19. UNDERTAKER (ADDRESS) A. J. Baker

20. FILED 2-20 1933 A. H. Kestpatrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 33

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 8 P.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Influenza
Date of onset
11A
108
11A

Other contributory causes of importance:
Influenza

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? No
If so, specify.....
(Signed) Adm F. C. Rogers, M. D.
(Address) Fullerton, Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

