

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

Do not use this space.

18844

1. PLACE OF DEATH

County Bartons
Township Ozark
City _____ (No. _____)

Registration District No. 41
Primary Registration District No. 5062

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

2. FULL NAME

Mrs Estelle Robins
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 5 - 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
76 1 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Warren (STATE OR COUNTRY) Ill

10. NAME OF FATHER Ambrose Kinsey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill

12. MAIDEN NAME OF MOTHER Eliza Curtis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill

14. INFORMANT A. M. Robins (Address) Liberal, Mo

15. FILED 6/10, 1933 F. R. Spill REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2nd 1933

17. I HEREBY CERTIFY, That I attended deceased from May 25, 1933 to June 3, 1933 that I last saw her alive on June 3, 1933 and that death occurred, on the date stated above, at 10:30 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Angina Pectoris
Nov 94
(duration) _____ yrs. mos. ds. 10

CONTRIBUTORY (SECONDARY) Demility
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH at home

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Physical signs
(Signed) R. D. Kirkland
, 19 _____ (Address) Liberal 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 Scott Cemetery DATE OF BURIAL June 6 1933

20. UNDERTAKER Burkey Funeral Service ADDRESS Mathewy K6

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.

JUN 20 1933

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