

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.

JAN 26 1934

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

Do not use this space.

71

1. PLACE OF DEATH

County Jarvis Registration District No. 99
Township Platteville Primary Registration District No. 5038
City Cassville (No. _____) St. _____ Ward _____

File No. _____
Registered No. 75

2. FULL NAME

Shirley Joseph Robbins
(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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5 - 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Cassville Mo

13. NAME William J. Robbins

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

15. MAIDEN NAME Vera Leonard

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

17. INFORMANT (ADDRESS) William J. Robbins Cassville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Corner Cemetery DATE Jan 9, 1934

19. UNDERTAKER (ADDRESS) Th. D. Brown Cassville, Mo.

20. FILED Jan 9 1934 Geo. W. Neuman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1934

22. I HEREBY CERTIFY, That I attended deceased from at birth, 1934, to _____, 19____.

I last saw him alive on at birth, 19____. Death is said to have occurred on the date stated above, at 7 P.m.

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

Starvation
6 mo. fetus - not viable
Other contributory causes of importance: Premature Fetus

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) Geo. W. Neuman (Address) Cassville, Mo.

