

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

Do not use this space.

9325

1. PLACE OF DEATH  
 County Jasper Registration District No. 408  
 Township Manor Primary Registration District No. 3020  
 City Carthage (No. 1) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Amanda J. Robbins  
 (a) Residence, No. 110 Lydr St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 6 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1858

7. AGE YEARS 76 MONTHS 2 DAYS 11 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 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) Holden Missouri

FATHER 13. NAME James Haines

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holden Missouri

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holden Missouri

17. INFORMANT (ADDRESS) G. H. Robbins  
110 Lydr - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Osage Cem. DATE Mar. 26, 1934

19. UNDERTAKER (ADDRESS) W. M. Mastury  
Carthage, Mo.

20. FILED Mar. 26, 1934 S. B. Colinton  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/20, 1934 to 3/27, 1934  
 I last saw her alive on 3/23, 1934 Death is said to have occurred on the date stated above, at 2 a. m.  
 The principal cause of death and related causes of importance were as follows:  
General arterio-sclerosis Date of onset 1932  
107A  
107  
107  
 Other contributory causes of importance:  
Broncho-pneumonia 3/20  
1934

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? gen. physiat. Was there an autopsy? No.

23. If death was due to external causes (Violence), fill in also the following:  
 Accident, suicide, or homicide? No. 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) H. A. LaPore, M. D.  
 (Address) Carthage Mo.

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.

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