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.

APR 25 1934

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

Do not use this space.

10081

1. PLACE OF DEATH
County Randolph
Township Mountain
City Higbee
Registration District No. 732
Primary Registration District No. 4437
File No.
Registered No. 3
(No. , St. Ward)

2. FULL NAME Anna E. Robb
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife of Fred Robb
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 - 1861
7. AGE YEARS 72 MONTHS 7 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.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
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) Randolph Co

FATHER
13. NAME David Whitmore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Dean Kinney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Albert Robb Higbee Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Log Chapel DATE Mar 17 1934
19. UNDERTAKER (ADDRESS) C. L. Fulan & Higbee Mo
20. FILED 3/19 1934 J. W. Kinn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15th 1934
22. I HEREBY CERTIFY, That I attended deceased from March 14 1934 to March 15 1934
I last saw her alive on March 15 1934 Death is said to have occurred on the date stated above, at 7:30 P.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Date of onset
108
Other contributory causes of importance
Name of operation none Date of
What test confirmed diagnosis? chnsee 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) J. W. Kinn, M. D.
(Address) Higbee Mo