

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

Do not use this space.

SEP 30 1934

137-29617

1. PLACE OF DEATH

County Jackson
Township Kaw
City Ke mo

Registration District No. 299
Primary Registration District No. 1002
(No. 2711 Lexington Ave)

File No. _____
Registered No. 40000
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2711 Lexington 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 <u>M</u>	4. COLOR OR RACE <u>White</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>Ella May Robbins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 8 - 1859</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>7</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barber</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>self</u>		11. Total time (years) spent in this occupation _____
10. Date deceased last worked at this occupation (month and year) _____		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1934

22. I HEREBY CERTIFY That I attended deceased from _____ 19____
I last saw him _____ alive on _____ 19____ Death is said to have occurred on the date stated above, _____ m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Myocardial infarction
94B
Other contributory causes of importance _____
Name of operation _____ Date _____
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? _____
If so, specify _____
(Signed) _____, M. D.
(Address) _____

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
	13. NAME <u>Joe Robbins</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
	15. MAIDEN NAME <u>Elizabeth Hardwick</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
	17. INFORMANT (ADDRESS) <u>Ella May Robbins</u> <u>2711 Lexington</u>
FATHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Edinwood</u> DATE <u>Sept 1</u> 19 <u>34</u>
	19. UNDERTAKER (ADDRESS) <u>Mrs C L Foster</u> <u>Ke mo</u>
20. FILED <u>8/31</u> 19 <u>34</u> <u>M. M. Crane</u> Registrar.	

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.

92 92 92 92

THE STATE OF TEXAS, COUNTY OF DALLAS, DECEMBER 15, 1903.

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of December, 1903.

Notary Public in and for the State of Texas.