

FEB 19 1935

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

Do not use this space.

1620

1. PLACE OF DEATH

County Jefferson Registration District No. 399
Township Franklin Primary Registration District No. 1002
City Kansas City (No. 1200)

File No. _____
Registered No. 436
St. _____ Ward _____

2. FULL NAME

Clarence Robbins
(a) Residence, No. 24 Jefferson St. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 37 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

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) April 5 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 | 9 | 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Ill

13. NAME John Robbins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Deena Clark (ADDRESS) 1200 Franklin St. Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Seeds DATE 1-31-35

19. UNDERTAKER Pety B. Frazier (ADDRESS) 506 Campbell

20. FILED 1-31-35 1935 M. M. Carroll Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-26 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-23, 1935, to 1-26, 1935

I last saw him alive on 1-26, 1935. Death is said

to have occurred on the date stated above, at 9:15 A.M.

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

Tubercular Pneumonia Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1935

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) S. J. Carroll M. D.
(Address) 1200 Franklin St. Kansas City 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.

