WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

AUG 22 1935

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

Do not use this space.

24111

1. PLACE OF DEATH

County: Randolph — Registration District No. 732 — File No. 55

Township: Moniteau — Primary Registration District No. 4437 — Registered No. 732

City: Higbee (No. ..., ... St. ... Ward)

2. FULL NAME: Martha Ann Robb

(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: David Robb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 15 1848

7. AGE: Years 86 — Months 7 — Days 22 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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 COUNTY): Schuyler County Missouri

FATHER

13. NAME: William Blansett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Schuyler Co

MOTHER

15. MAIDEN NAME: Elvira Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Schuyler

17. INFORMANT (ADDRESS): Sallie Winn, Fayette Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Tucker Cemetery DATE: July 9, 1935

19. UNDERTAKER (ADDRESS): E. L. Feland, Higbee

20. FILED: July 9, 1935 — J. W. Winn, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 6, 1935

22. I HEREBY CERTIFY: That I attended deceased from July 6, 1935 to July 6, 1935. I last saw her alive on July 6, 1935. Death is said to have occurred on the date stated above, at 12 P. m.

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

	Date of onset
Nephritis chronic	

Other contributory causes of importance: Cerebral Paralysis

Name of operation: none — 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) J. H. Hamm M. D.

(Address) Higbee Mo