MAY 20 1936

35825-a

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

Do not use this space.

35825-a

File No.

Registered No. 303

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township Campbell — Primary Registration District No. 5440

City Springfield (No. R#3 St. Ward)

2. FULL NAME Lucy N. Robb

(a) Residence, No. R#3 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 12 1868

7. AGE: Years 66 Months 11 Days 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Mo.

FATHER

13. NAME: William E. Webb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER

15. MAIDEN NAME: S. L. Gorcher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): W. C. Webb, Ozark Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Highlandville Mo DATE: Nov 9 1935

19. UNDERTAKER (ADDRESS): B. C. Klepper, Ozark Mo

20. FILED: 4-10 1936 Ralph W. Haugston, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 8 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-6 1935, to 11-8 1935

I last saw him alive on 11-7 1935. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

	Date of onset
11-6-1935	
Cerebral Hemorrhage	
Mitral Leakage of heart	

Other contributory causes of importance: Poison — Rhubarb & Spinach — Hemorrhage

Name of operation: — 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?

If so, specify:

(Signed) J. C. Calvin M. D.

(Address) 324 College St. Springfield 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.