

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

100M-11-24-33

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.

JAN 17 1936

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

Do not use this space.

40476

1. PLACE OF DEATH

County Madaway
Township Hopkins
City Hopkins Mo (No.)

Registration District No. 624
Primary Registration District No. 4375

File No.
Registered No. 13
St. Ward)

2. FULL NAME

Sam Robbins

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 25 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Robbins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 3 28

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

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) Bloomdale Ohio

13. NAME Russell B. Robbins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomdale Ohio

15. MAIDEN NAME Sarah Hiller

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

17. INFORMANT (ADDRESS) Fannie Robbins

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopkins DATE 17/15 35

19. UNDERTAKER (ADDRESS) Campbell & Young Marysville Mo

20. FILED 1/14 1935 W. H. Taylor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st 1935 to Dec 13 1935
I last saw h. i. m. alive on Dec 13 1935 Death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 12/12/35

Other contributory causes of importance:
Arterial hypertension 4 yrs

Name of operation none Date of operation
What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury
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) W. H. Taylor M. D.
(Address) Hopkins

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