

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.

APR 21 1936

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

Do not use this space.

11607

1. PLACE OF DEATH

County Miller
Township Saline
City Neon Eugene (No.)

Registration District No. 561
Primary Registration District No. 5255

File No.
Registered No. 37 St. Ward)

2. FULL NAME

Ruth Adeline Robins

(a) Residence, No. 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. B. Robins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 6 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Polina, Missouri

13. NAME Heard

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

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) W. L. Robins, Eugene Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring-Lodge DATE March 27 1936

19. UNDERTAKER (ADDRESS) Buried by Relatives

20. FILED March 27 1936 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24 1936

22. I HEREBY CERTIFY, That I attended deceased from March 24 1936 to March 26 1936
I last saw her alive on March 24 1936 Death is said to have occurred on the date stated above, at 7:45 P.m.
The principal cause of death and related causes of importance were as follows:

Pericarditis anemica Date of onset 1934

Other contributory causes of importance: MI

Name of operation Date of
What test confirmed diagnosis? 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 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) James W Allee, M. D.
(Address) Eldon Mo

