

JUN 25 1936

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

Do not use this space.

20411

1. PLACE OF DEATH

County Randolph  
Township  
City Highbee (No. ....)

Registration District No. 732  
Primary Registration District No. 4437

File No. 82  
Registered No. 732  
St. .... Ward)

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Law Robb</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 9 18 62</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>5</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>retired Farmer</u>		If LESS than 1 day, .... hrs. or .... min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Randolph Co Mo</u>
	13. NAME <u>Steve Robb</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	15. MAIDEN NAME <u>Sarah Hullett</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	17. INFORMANT (ADDRESS) <u>Law Robb Highbee Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Robb Cemetery</u> DATE <u>May 9 1936</u>
	19. UNDERTAKER (ADDRESS) <u>C. J. Feland Highbee Mo</u>
20. FILED <u>May 2 1936</u> <u>J. W. Wilson</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1936 to May 7 1936. I last saw him alive on May 7 1936. Death is said to have occurred on the date stated above, at 9:35 a.m.

The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
Mitral & Aortic insufficiency  
Paralysis agitans

Date of onset 1932

Other contributory causes of importance:  
None

Name of operation None Date of None

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 \_\_\_\_\_, 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. W. Wilson Registrar  
(Address) Highbee, Mo.

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.

