

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

JUL 14 1936

24482

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City Pittsburg (No. Pittsburg Hospital) St. Ward)

File No.
 Registered No. **6099**

2. FULL NAME

Chas. W. Robbins (Charles W. Robbins)

(a) Residence, No. St. NR Ward. Pittsburg, Mo.
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 5-25 1936, to 6-14 1936

I last saw him alive on 6-14 1936 Death is said to have occurred on the date stated above, at 4:25 p.m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
48 0 21

Uremia Date of onset

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 27 yrs.

Other contributory causes of importance:
Chronic interstitial nephritis with hypertension
Chronic myocarditis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mountain View Mo

13. NAME Wm. Millard Robbins

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

Name of operation..... Date of.....
 What test confirmed diagnosis? pat Was there an autopsy? no

15. MAIDEN NAME Mildred M. Caudle

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

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)

17. INFORMANT (ADDRESS) Chas. Robbins Pittsburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pittsburg Mo DATE 6-15 1936

Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....

19. UNDERTAKER (ADDRESS) Central Mortuary 815 S. Washington

20. FILED JUN 15 1936 J. Bredeck Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) Earl R. Rice, M. D.
 (Address) Pittsburg Hospital

