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.

DEC 4 1936

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

Do not use this space.

36422

1. PLACE OF DEATH
County Stoddard
Township Casto
City Avert
Registration District No. 837
Primary Registration District No. 6099
File No.
Registered No.
(No. , St. Ward)

2. FULL NAME Andy Robey
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ (write the word)
5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mollie Roby
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 1863
7. AGE YEARS 73 MONTHS 3 DAYS 18 If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME Sam Roby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Jane Cline
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) J. M. Baker Morehouse
18. BURIAL, CREMATION, OR REMOVAL
PLACE Cliner Cem DATE 4-16- 36
19. UNDERTAKER (ADDRESS) Chilesandrlakin Co. Bloomfield Mo.
20. FILED Oct 30, 1936 Dr. Edw. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15, 1936
22. I HEREBY CERTIFY, That I attended deceased from Aug 31st 1936, to Sept 15, 1936
I last saw him alive on Sept 13th, 1936 Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:
Uremic Coma — Date of onset 9-11-36
Other contributory causes of importance: Acute Nephritis following Remitting Malaria
Name of operation None Date of
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) S. S. Davis, M. D.
(Address) Dexter Mo.