APR 16 1937

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

Do not use this space.

File No. 11406
Registered No. 91

1. PLACE OF DEATH
County: Calloway
Township: Calloway
City: ..... (No. ....., ... St. ..... Ward)
Registration District No. 108
Primary Registration District No. 5157a

2. FULL NAME Robbie Tremaine

(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*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 4, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	1	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Truck Driver
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: W. H. Tremaine
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Emma Hogel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT: Mrs. Walter Wisen
(ADDRESS) Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson City, Mo. DATE March 28, 1937

19. UNDERTAKER: Geo. G. Wrighsee
(ADDRESS) Fulton, Mo.

20. FILED 3/28, 1937 R. N. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-27-, 1937

22. I HEREBY CERTIFY, That I attended deceased from Injuries dead body 3-27, 1937
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractures ribs (9); left humerus; abd. aortic hem.	N.K.
injuries	3-27

Other contributory causes of importance: car in which he was driving left side turned over catching him underneath

Name of operation: none Date of .....
What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 3-27, 1937
Where did injury occur? on U.S. Hwy No 40 near Auxvase bridge (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on highway near Fulton Mo
Manner of injury: Wrecking of car
Nature of injury: Crushed chest
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) R. S. Hall, M. D.
(Address) Coroner Calloway Co Mo
Fulton Mo

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.