AUG 18 1937

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

Do not use this space.

File No. 26525

Registered No. 155

1. PLACE OF DEATH

County ~~Schuyler~~ Adair Registration District No. 4

Township Primary Registration District No. 3001

City Kirksville (No. Grim-Smith Hospital St. Ward)

2. FULL NAME Rubin D. Robbins

(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 30 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr, 21 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	53	3	5	

OCCUPATION

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

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Queencity Mo,

FATHER

13. NAME John Robbins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo,

MOTHER

15. MAIDEN NAME Emma Wellman

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

17. INFORMANT George Robbins
(ADDRESS) Queencity Mo,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Queensity Cemetary DATE 7/28 37

19. UNDERTAKER Wm N. West
(ADDRESS) Queensity Mo,

20. FILED July 27, 1937 Spencer L. Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1937, to July 26, 1937

I last saw him alive on July 26, 1937. Death is said to have occurred on the date stated above, at 9 12 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic pyelonephritis (Stones) about	15 yrs
Recurrent subacute attacks	13 yrs

Other contributory causes of importance:

Uremia about	7-21-37

Name of operation None Date of

What test confirmed diagnosis? Cystoscopy + Urine Was there an autopsy?

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?

If so, specify

(Signed) George E. Grim, M. D.

(Address) Kirksville, Missouri

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD