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.

SEP 17 1937

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

Do not use this space.

File No. 30636

Registered No.

1. PLACE OF DEATH
County: GASCONADE
Township: ROARK
City: (No. , St. Ward)

Registration District No. 303
Primary Registration District No. 5420

2. FULL NAME: JULIUS ERNEST ROBYN

(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 8 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May-31-1850

7. AGE: Years 87 | Months ✓ | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: RETIRED 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): PHILADELPHIA, PENNA.

FATHER
13. NAME: Edward Robyn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Julia Grafa
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Lyon F. Robyn, Hermann Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hermann City DATE: 8-13-1937

19. UNDERTAKER (ADDRESS): Hugo H. Blumer, Hermann Mo

20. FILED: 8-12-1937 Arnold Ruckhoff, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1936, to Aug. 11, 1937. I last saw him alive on Aug. 11, 1937. Death is said to have occurred on the date stated above, at 11:30 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Endocarditis | July 3 1936 |

Other contributory causes of importance: Arterial Sclerosis

Name of operation: Date of:
What test confirmed diagnosis? General diagnosis 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) H. J. Ruckhoff M. D.
(Address) Hermann Mo.