

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

Do not use this space.

OCT 18 1937

1. PLACE OF DEATH

County Buchanan Registration District No. 60
 Township _____ Primary Registration District No. 3000
 City St. Joseph (No. Missouri Methodist Hospital) St. _____ Ward _____

File No. 33694
 Registered No. 1003

2. FULL NAME Lucinda Jane Robbins

(a) Residence, No. 926 Felix 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10, 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>65</u>	<u>8</u>	<u>7</u>		

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

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) Mercer Co
 (STATE OR COUNTRY) Missouri

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unk. own

15. MAIDEN NAME Unknown

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

17. INFORMANT Pete Robbins
 (ADDRESS) 926 Felix St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Pleasant Ridge Cem DATE Sept. 20, 1937

19. UNDERTAKER Clark Mortuary
 (ADDRESS) 5025 King Hill Ave.

20. FILED 9/30 1937 A J Little
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from viewed
Sept 17th, 1937, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:20 p.m.

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

Mitral Insufficiency

Date of onset

Other contributory causes of importance: none

Name of operation _____ Date of _____
 What test confirmed diagnosis? History 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 B. W. Tadlock - coroner
 (Signed) King Hill Bldg, M. D.
 (Address)

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.

FEB 28 1964