

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Barton  
 Township Newport  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 1002 2  
 Primary Registration District No. 5057 1

File No. 44634  
 Registered No. H

2. FULL NAME Rosa Robbins

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

|   |                                  |  |
|---|----------------------------------|--|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u>        |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Otis Robbins</u>                                |                                  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 10th, 1873</u>  |                                  |  |
| 7. AGE<br><u>64</u>   | YEARS<br><u>6</u>                | MONTHS<br><u>14</u>  |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Housewife</u> |                                  | 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) <u>Harrison CO, Ind</u>  |                                  |  |
| 13. NAME <u>John Pennell</u>  |                                  |  |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>   |                                  |  |
| 15. MAIDEN NAME <u>Ellen Routh</u>  |                                  |  |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>   |                                  |  |
| 17. INFORMANT <u>Otis Robbins</u><br>(ADDRESS) <u>Lamar, I.O.R.R.3</u>  |                                  |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Round Prairie Cem</u> <u>12-15-37</u>                                |                                  |  |
| 19. UNDERTAKER <u>River Funeral Home</u><br>(ADDRESS) <u>Lamar, Mo.</u>   |                                  |  |
| 20. FILED <u>Dec 16 1937</u> <u>X. W. Wise</u><br>Registrar.  |                                  |  |

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13th 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1937, to Nov. 10, 1937  
 I last saw her alive on Nov. 10, 1937. Death is said to have occurred on the date stated above, at 9 p.m.  
 The principal cause of death and related causes of importance were as follows:  
arterial Hypertension  
 Date of onset Several yrs.

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) Jern T. Bickel, M. D.  
 (Address) Lamar, Mo.

