

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

Do not use this space.

21

1909

1. PLACE OF DEATH
 County Barry Registration District No. 29
 Township North Fork Primary Registration District No. 4021
 City Cassville (No. 6) St. _____ Ward _____

2. FULL NAME Lady Fern Robbins
 (a) Residence, No. Cassville Mo. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 12 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1925

7. AGE YEARS 12 MONTHS 2 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

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) Cassville, Mo.

FATHER

13. NAME Neal Robbins

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

MOTHER

15. MAIDEN NAME Ida Garner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis Co. Iowa

17. INFORMANT Ida Robbins
(ADDRESS) Cassville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holmes DATE Oct. 1st 1927

19. UNDERTAKER Bohring-Pulver
(ADDRESS) Cassville Mo.

20. FILED 12-14 1927 Leon Newman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30 1927

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1927 to Oct 30 1927
 I last saw her alive on Oct 30 1927. Death is said to have occurred on the date stated above, at 10 P.
 The principal cause of death and related causes of importance were as follows:
Acute Pelvic Nephritis 9/27/27
 Date of onset _____

Other contributory causes of importance: 16

RECEIVED

Name of operation _____ of _____
 What test confirmed diagnosis? _____ 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? Barry Co. Mo. Specify city or town, county, and State)
 Specify whether injury occurred in private, in hospital, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 3
 If so, specify _____
 (Signed) W. M. Powell M. D.
 (Address) Cassville, Mo.

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

