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.

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

Do not use this space.

1. PLACE OF DEATH
66 County Miller — Registration District No. 561 — File No. 3447
2 Township Saline — Primary Registration District No. 4330 — Registered No. 4
1 City Eldon (No. ..., ... St. ... Ward)

2. FULL NAME Rosa Lee Lawrence Robbins 152

(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24, 1877

7. AGE: YEARS 60 — MONTHS 3 — DAYS 26 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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) until death
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller County Mo

FATHER
13. NAME William Lawrence
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Evan Keeney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs Al McKinley Eldon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dooley Cem DATE Jan 22 1938

19. UNDERTAKER (ADDRESS) Phillips Funeral Home Eldon

20. FILED Jan 22, 1938 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 20, 1938, to January 20, 1938
I last saw her alive on January 20, 1938. Death is said to have occurred on the date stated above, at 1:10 P.m.
The principal cause of death and related causes of importance were as follows:

Coronary thrombosis — Date of onset Jan 20, 1938

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Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed 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) James W Allen, M. D.
(Address) Eldon Mo

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