

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.

1935

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

Do not use this space.

43363

1. PLACE OF DEATH

County Jackson
Township Washington
City 153 Frank Welford Robbins

Registration District No. 404
Primary Registration District No. 5558
(No. 71 Highway in front of Lee Lib.)

File No. _____
Registered No. 97 Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Grandview, Mo.
(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 Male 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 Anna Robbins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 12, 1983

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 9 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Dec 1938 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER 13. NAME Alouzo Robbins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 1

15. MAIDEN NAME unt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " 9

17. INFORMANT Mrs. Erma Robbins Dyer
(ADDRESS) Berkshire Hotel, K.C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 12/21 1938

19. UNDERTAKER B. F. Geary & Sons
(ADDRESS) Grandview, Mo.

20. FILED 12-30-1935 Mrs. J. Brennan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/19 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____
Coroner
I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
94%
Other contributory causes of importance:
Arterio-sclerosis
Date of onset Apr. 1938

Name of operation none Date of _____
What test confirmed diagnosis? Path. 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 _____
(Signed) A. G. Swalley, M. D.
366 (Address) Jefferson, Mo.

