

AUG 11 1939

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

25079

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township St. Joseph Primary Registration District No. 1001 Registered No. 749
(c) City St. Joseph (d) Street No. Missouri Methodist Hospital St.
(If death occurred in Hospital or Institution, write its name instead of Street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

George Elmo Robbins
(a) Residence, No. 152 St. Weston, Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Inez Robbins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 24, 1876</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>54</u>	DAYS <u>23</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Merchant</u>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation <u>40</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Weston Missouri</u>		
13. NAME <u>Job Robbins</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Mountain / West Virginia</u>		
15. MAIDEN NAME <u>Catherine Tyler</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Mountain West Virginia</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Inez Robbins Weston, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Weston, Missouri</u> DATE <u>July 19, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Walter Meischner 1302 Farson St. St. Joseph, Mo.</u>		
20. FILED <u>July 18, 1939</u> <u>H. J. Nettles</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1939 to July 17, 1939
I last saw him alive on July 17, 1939 Death is said to have occurred on the date stated above, at 1:20 p. m.
The principal cause of death and related causes of importance were as follows:

Terminal Bronchopneumonia Date of onset 7/15/39

Other contributory causes of importance:

Septicemia Undiagnosed

Name of operation none Date of _____
What test confirmed diagnosis? Lab. Was there an autopsy? yes

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) H. S. Gorman, M. D.
(Address) Kirkpatrick Bldg. St. Joe. Mo.

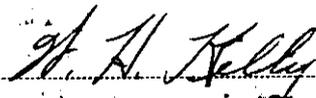
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me ~~on~~ on

....., Registered Apprentice No.
working under my personal supervision.

Signed.....



Licensed Embalmer No. Missouri, #3946

P. O. Address St. Joseph, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.