

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

39030
 Do not use this space.

1. PLACE OF DEATH
 (a) County.....Buchanan,..... Registration District No.....3
 (b) Township.....1..... Primary Registration District No.....100
 (c) City.....St. Joseph,..... (d) Street No. 5533 South 3rd...... 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. 4ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Marlane Dewayne Robbins,
 (a) Residence, No. 5533 South 3rd. St. (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>Single,</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 1, 1939</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>-</u>	<u>-</u>	<u>9</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Child,</u>			
	9. Industry or business in which work was done, as 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>Halls, Missouri,</u>				
FATHER	13. NAME <u>Earl E. Robbins,</u>			
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Saint Joseph, Missouri,</u>			
MOTHER	15. MAIDEN NAME <u>Mary Johnson,</u>			
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Terre Haute, Indiana,</u>			
17. INFORMANT <u>Earl E. Robbins</u> (ADDRESS) <u>5533 South 3rd. Str.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>I.O.O.F. Cem.</u> DATE <u>Nov. 11th, 1939</u>				
19. FUNERAL DIRECTOR (NAME) <u>Walter Bigala - Bowman</u> (ADDRESS) <u>319 So. 10th. Str. Funeral Home</u>				
20. FILED <u>Nov 11, 1939</u> <u>H. J. Nestlepush</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov 10th, 1939</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 8, 1939</u> to <u>Nov 10, 1939</u> I last saw him alive on <u>Nov 10, 1939</u> . Death is said to have occurred on the date stated above, at <u>7:15 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Cerebral Hemorrhage</u> <u>possibly birth injury</u>	
Other contributory causes of importance: <u>malnutrition</u>	
Name of operation <u>none</u>	Date of <u>no</u>
What test confirmed diagnosis <u>clinical</u> Was there an autopsy? <u>no</u>	
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? <u>no</u> If so, specify..... (Signed) <u>W. Grant</u> , M. D. (Address) <u>6207 King Hill Ave St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

M. 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.

1 X16005

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, or by Nov 10, 1927

working under my personal supervision.

Registered Apprentice No. _____

Signed W. E. [Signature]

Licensed Embalmer, No. 3007

P. O. Address 319 S. 104 St. Park

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.