

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.

~~FILED~~ MAR 12 1940

1. PLACE OF DEATH

County D Registration District No. 791 File No. 5217
Township _____ Primary Registration District No. 1003 Registered No. 2047
City St. Louis, Missouri (No. Barnard Skin Cancer Hosp) Ward _____

2. FULL NAME Robb, John H.

(a) Residence, No. 119 Davis Avenue St. NR Ward. Chaffee, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 12 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 Edith Robb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1886

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

<u>53</u>	<u>5</u>	<u>11</u>	
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

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) _____ 11. Total time (years) spent in this occupation 0

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

13. NAME John Franklin Robb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Iva Howard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Eva Smith
(ADDRESS) Barnard Skin and Ca. Hosp., St. L.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chaffee Mo DATE 2-29 1940

19. UNDERTAKER Blispinghoff & Hubbard
(ADDRESS) Chaffee Mo

20. FILED FEB 29 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1940 to Feb. 29, 1940

I last saw him alive on Feb. 29, 1940 Death is said to have occurred on the date stated above, at 3:20A. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of larynx (intrinsic) Date of onset July 1939

Other contributory causes of importance: Broncho-pneumonia, bilateral Feb. 29, 1940

Name of operation Laryngectomy Date of Feb. 28, 1940
What test confirmed diagnosis? Biopsy, Op 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.

Number of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____

(Signed) Walter J. Smith, M. D.
(Address) Barnard Skin and Cancer Hosp., St. Louis, Missouri

Howard P Rowland
No. 3114
St Louis, Mo