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

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.

FILED JUL 15 1940

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

21541
Do not use this space.

1. PLACE OF DEATH
(a) County Clinton. 2 Registration District No. 204
(b) Township Shoal Primary Registration District No. 3013 Registered No. 26
(c) City Cameron, (d) Street No. W.2 "nd. 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 152 Mary Jane Robbins.
(a) Residence, No. Cameron, Mo. St.
(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 Female
4. COLOR OR RACE White,
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1st. 1864.
7. AGE YEARS 75, MONTHS 10 DAYS 25. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home.
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) Indiana. 1

FATHER
13. NAME Hazdiah Robbins. 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio. 1

MOTHER
15. MAIDEN NAME -wds-- Farmer.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana.

17. INFORMANT (ADDRESS) Mrs. Ella Tomlin. Cameron, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Evergreen Cem. DATE June, 28, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lyle C. Allen. Cameron Mo. 185

20. FILED June 27th, 1940 Dr. C. H. Risley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 26, '40, 19

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1940 to June 26, 1940
I last saw her alive on June 26, 1940 Death is said to have occurred on the date stated above, at 9 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Apr 13 1940
Apoplexy	
82	

Other contributory causes of importance: Bi Cure

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) A. D. Gilliland M. D.
(Address) Cameron Mo

(Licensed Embalmer's Statement on Reverse Side)

I X14028

RECEIVED
District Health Officer No. 11,
District File Number 740-996
Date Filed JUL 3 1948

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 .....,

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

Signed Lyle C. Albin

Licensed Embalmer No. 824

P. O. Address Cameron Mo

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.