

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

Do not use this space.

11164

1. PLACE OF DEATH

County Jasper
Township Leona
City Joplin

Registration District No. 411
Primary Registration District No. 2007

File No. _____
Registered No. 102
St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. 2501 Va. Ave. Ward. _____
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ira Robbins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ___ hrs. or ___ min.
36 | 11 | 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Contractor & Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wichita, Mo

PARENTS

10. NAME OF FATHER Alburt S. Robbins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

12. MARRIEN NAME OF MOTHER Russell S. Hinds

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT R. W. Robbins
(Address) 2501 Va. Ave. Joplin Mo

15. FILED 3-5-29 D. A. Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-3-29

17. I HEREBY CERTIFY That I attended deceased from Jan 27 to Mar 3 1929
That I last saw him live on Mar 3 1929 and that death occurred, on the date stated above, at 12-01 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) Dr. E. Myers M. D.
3-4-29 (Address) Joplin Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Osark Memorial 3-5-29

20. UNDERTAKER ADDRESS
Wheeler & Co Joplin Mo

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.

