

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

Do not use this space.

19463

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township Crawfordsville Primary Registration District No. 2001
 City Springfield Mo (No.), W. Weaver Springfield Clinic (Ward)
 2. FULL NAME Les C. Robins
 (a) Residence, No. R.R. #7 St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colord 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
app 69
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
 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
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas
 13. NAME Joseph Robins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlanta Ga
 15. MAIDEN NAME Amie Williams
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas
 17. INFORMANT Thomas Robins
 (ADDRESS) Route 7
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Do Hoagwood DATE Jun 23 1933
 19. UNDERTAKER W. P. Crawfordsville
 (ADDRESS) 869 Washington Ave
 20. FILED 6-23 1933 Ralph W. Engstrom
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1933
 22. I HEREBY CERTIFY, That I attended deceased from June 19 1933 to June 20 1933
 I last saw him alive on June 20 1933 Death is said to have occurred on the date stated above, at 8:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset 131
 Other contributory causes of importance: 131
venia
 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?
 If so, specify
 (Signed) Joseph J. [Signature] M. D.
 (Address) 624 E. [Address]

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.

JUN 21 1933

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