

JUL 9 1934

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

Do not use this space.

## 1. PLACE OF DEATH

72 County New Madrid  
Township Coron  
City Boone (No. ...., St. .... Ward)

Registration District No. 605  
Primary Registration District No. 4259

File No. 21286  
Registered No. ....

## 2. FULL NAME

John Thomas Robbins  
(a) Residence, No. .... 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ada Robbins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 10, 1870</u>		
7. AGE	YEARS	MONTHS
	<u>62</u>	<u>11</u>
		DAYS
		<u>23</u>
		If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) Mo13. NAME William Robbins14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Elizabeth Chapman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT Willis Robbins  
(ADDRESS) Boone, Mo18. BURIAL, CREMATION, OR REMOVAL  
PLACE Parma Cem DATE June 8 193419. UNDERTAKER T. Knight  
(ADDRESS) Parma Mo20. FILED 6/3 1934 Dr. Crowder  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 193422. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to June 2, 1934I last saw him alive on May 1, 1934. Death is said to have occurred on the date stated above, at 3 P m.

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

Acute nephritis  
myocarditis

Date of onset

Other contributory causes of importance

(Name of operation) clinical Date of .....  
What test confirmed diagnosis? serum. Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .....

Where did injury occur? .....

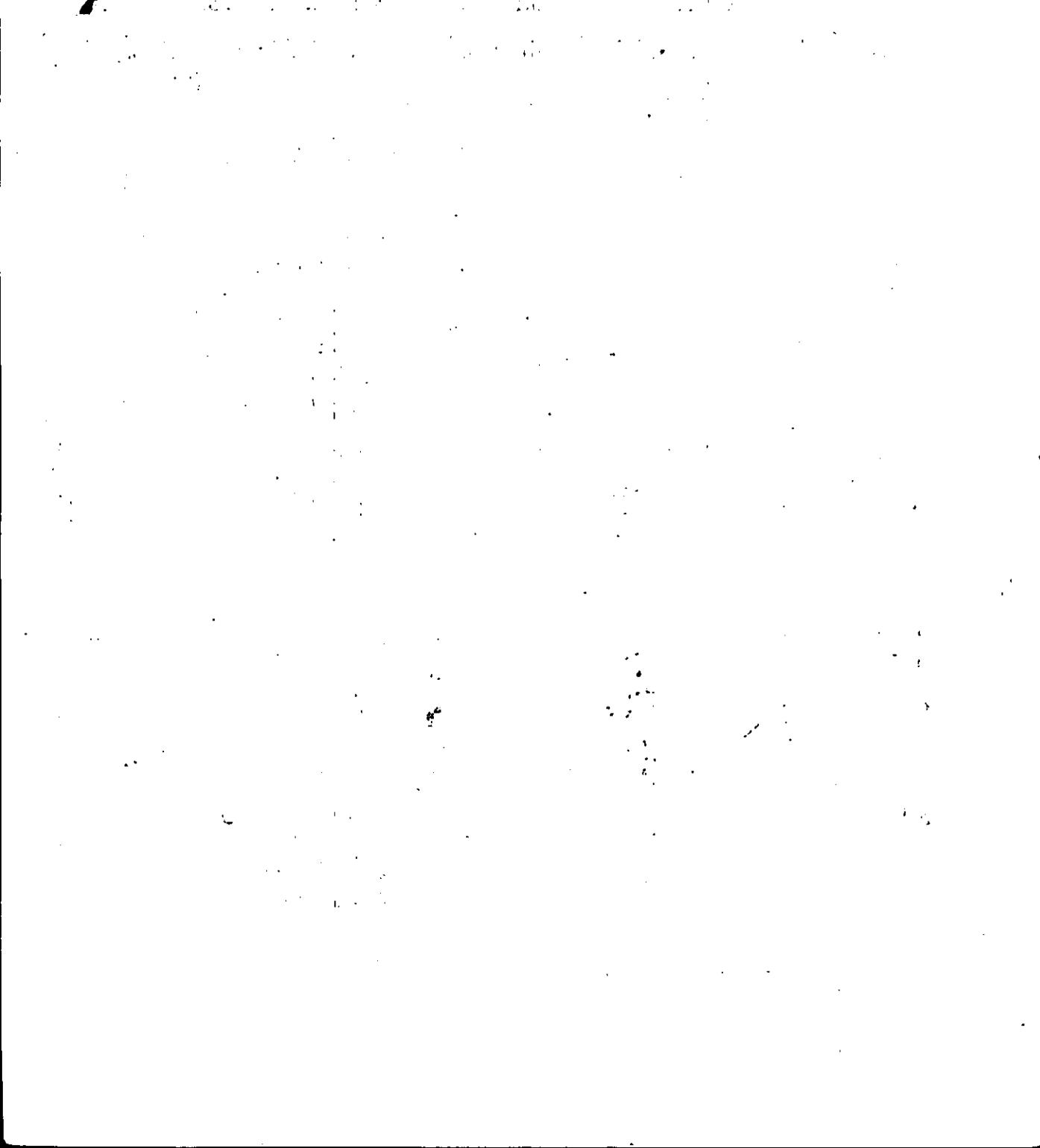
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify Cholera
(Signed) Dr. Crowder, M. D.
(Address) Parma, Mo



New Madrid

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: John Thomas Robbins  
Who died at \_\_\_\_\_ on June 2 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex M Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 62 Months 11 Days 23

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_  
acute nephritis myocarditis

Birthplace (State or country) \_\_\_\_\_  
Birthplace of father (State or country) \_\_\_\_\_  
Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: acute nephritis (Cause unknown)

Other contributory causes of importance \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

Signature of Registrar [Signature] Date filed Oct. 17, 1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 605

Very truly yours,

Primary Reg. Dist. No. 4359

E. T. McLaugh

State Registrar  
Special Agent.

222-5

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