

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.

OCT 10 1934

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

Do not use this space.

33935

1. PLACE OF DEATH
 County St. Francois Registration District No. 779
 Township Kennett Primary Registration District No. 684A
 City Kenett Mo (No.) St. Ward)

2. FULL NAME William H Robbs
 (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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. William Robbs</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 5, 1854</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>0</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.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Common Labor</u>	
	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) <u>Missouri</u>		
FATHER	13. NAME <u>Henderson Robbs</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>	
MOTHER	15. MAIDEN NAME <u>Maratha Jewell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>	
17. INFORMANT (ADDRESS) <u>Maratha Robbs</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Farmington R^{ty}</u> DATE <u>Oct 1, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>C. P. Boyer Desloge Mo</u>		
20. FILED <u>Sept 29, 1934</u> <u>W. F. Huchworth</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1934 to Sept 28, 1934. I last saw him alive on Sept 27, 1934. 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:
Carcinoma prostate
51C
935
107
 Other contributory causes of importance: Cor. myoperdit
hypertension

Name of operation _____ Date of _____
 What test confirmed diagnosis: Biopsy 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) Harold C. Garber, M. D.
 (Address) Desloge Mo

