

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

Do not use this space.

26306

SEP 20 1935

1. PLACE OF DEATH

47
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County Monroe
Township Clayton
City Clinton (No. _____)

Registration District No. 391
Primary Registration District No. 4230

File No. _____
Registered No. 26
St. _____ Ward _____

2. FULL NAME

Lloyd Cyrus Robbins

(a) Residence, No. Clayton St. Missouri
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 - 1913

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
21 11 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

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) Aurora Ill

13. NAME Sherron L Robbins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Margaretta Warden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Warden Robbins, 1701 N. 7th Street

18. BURIAL, CREMATION, OR REMOVAL East St Louis

PLACE St Louis Mo DATE Aug 20 1935

19. UNDERTAKER (ADDRESS) Robert G. Son

20. FILED Aug 18 1935 R. A. Rasche Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:40 a.m.

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

Death was caused by an Automobile accident driver of car Lester Waldp 444 Magdala Ave Kirkwood Mo

Other contributory causes of importance: Car turned over embankment on highway #21, south of Shoutow, Mo.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Aug 18 1935

Where did injury occur three miles south of Shoutow Missouri (Specify city or town, county, and State)

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

Manner of injury Chest crushed

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Robert Kelsey Coroner, Mo.
(Address) Clinton 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.

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