

FEB 20 1936

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

✓ Do not use this space.
2320

1. PLACE OF DEATH

County Newton Registration District No. 612
Township Van-Curen Primary Registration District No. 4579
City Wentworth (No. _____ St. _____ Ward)

2. FULL NAME

Patricia Anna English Robb

(a) Residence, No. Wentworth, 700 St., Ward.

Length of residence in city or town where death occurred NO yrs. 8 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 3, 1935</u>		
7. AGE	YEARS	MONTHS
	<u>NO</u>	<u>8</u>
		<u>13</u>
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.		
10. Date deceased last worked at this occupation (month and year) <u>1/16/36</u>		
11. Total time (years) spent in this occupation <u>2 1/2</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wentworth, Missouri</u>		
13. NAME <u>✓</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>✓</u>		
15. MAIDEN NAME <u>Edna Robb</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wentworth, Missouri</u>		
17. INFORMANT <u>Mrs. Grace Robb</u> (ADDRESS) <u>Wentworth, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Van Curen Cem.</u> DATE <u>Jan 17, 1936</u>		
19. UNDERTAKER <u>Wm. O. Calhoun</u> (ADDRESS) <u>Sarcotie, Mo</u>		
20. FILED <u>Jan 17, 1936</u> <u>Grace Hudson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 16, 1936

22. I HEREBY CERTIFY that I attended deceased from Jan 15, 1936 to Jan 16, 1936
Last saw her alive on Jan 16, 1936. Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia Date of onset Jan 12/36

Other contributory causes of importance:
10 17 a

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical Was there an autopsy? No

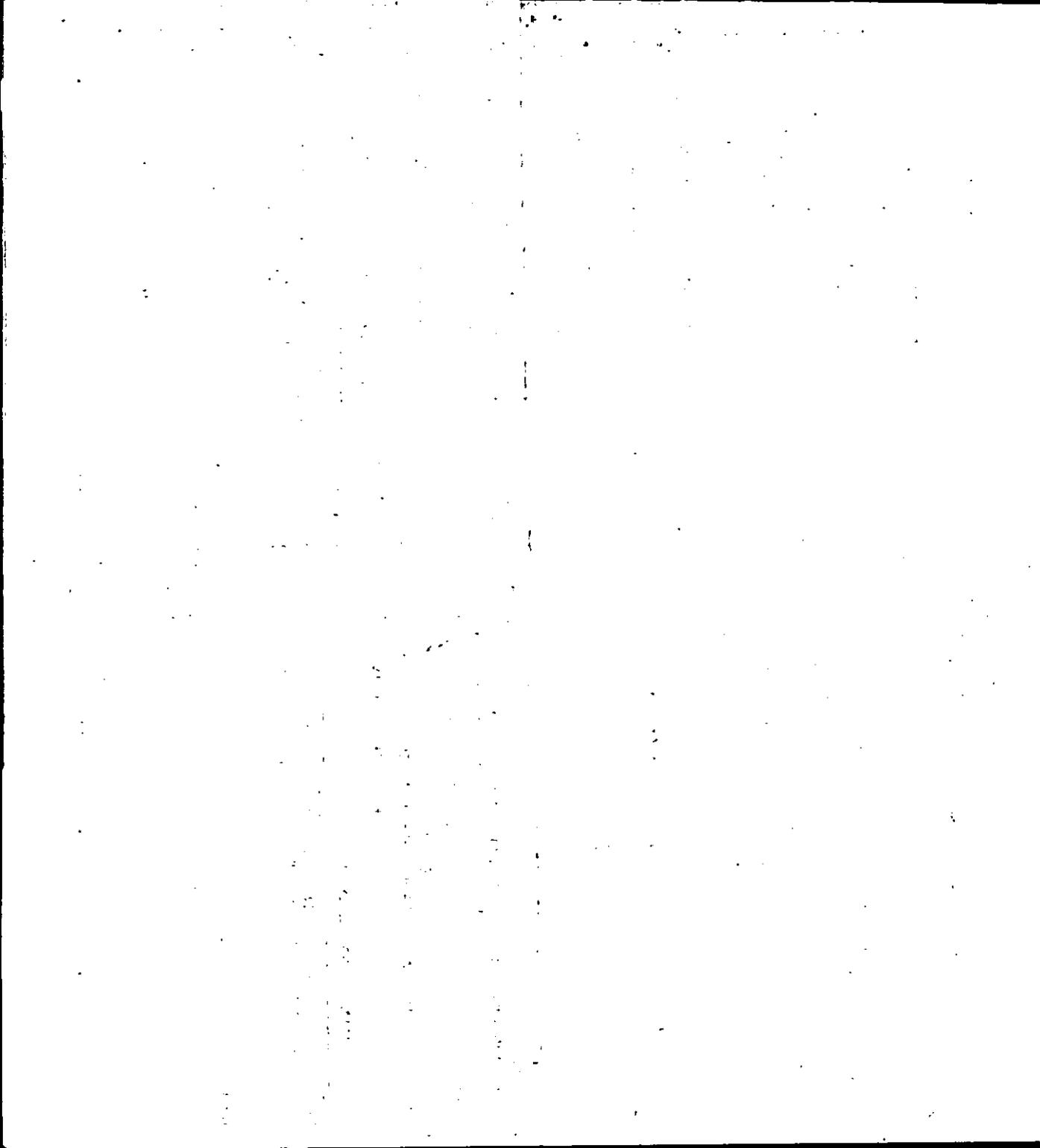
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Henry J. Simmond, M. D.
(Address) Sarcotie, 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.

RECORD THIS IS A PERMANENT RECORD



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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Newton

Registration District No. 617

Township Newton

Primary Registration District No. 4579

City Newtsworth (No. _____, St. _____ Ward _____)

File No. _____

Registered No. _____

2. FULL NAME

Patricia Anna English Pool

(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 7 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) mf

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8 13

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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19__

19. UNDERTAKER (ADDRESS)

20. FILED Jan 17 1936 Grace Hudson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16, 1936

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

Last lawfully alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.

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

Broncho Pneumonia Date of onset _____

None other complications

Other contributory causes of importance:

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? _____ 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) Leroy Simmons, M. D.

(Address) Lapeque 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.

SUPPLEMENT

2320