MAR 18 1936

H.W.S.

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

Do not use this space.

5315

1. PLACE OF DEATH

County Dunklin Registration District No. 288

Township ~~Salem~~ Fredericksburg Primary Registration District No. 5406

City Indiapet (No. , St. Ward)

File No.

Registered No.

2. FULL NAME Clara Bell 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1895, Oct. 24

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
38	3	10	

OCCUPATION

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

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) Dunklin County Missouri

FATHER

13. NAME R. R. Randl

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

MOTHER

15. MAIDEN NAME Margaret Wood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin County Missouri

17. INFORMANT (ADDRESS) Mrs. R. R. Randl Senath, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wilkins Cemetery DATE 2-4 1936

19. UNDERTAKER (ADDRESS) McDaniel Funeral Service Inc Senath, Mo

20. FILED Feb 15 1936 Wheeler Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan-29, 1936 to Feb-3, 1936

I last saw her alive on Feb-2, 1936. Death is said to have occurred on the date stated above, at 4 A.m.

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

Nephritis Chronic 131

Date of onset about 1 year

Other contributory causes of importance:

Flu Pneumonia

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) F. M. Spaidel, M.D.

(Address) Senath, 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.