

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.

AUG 15 1936

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

Do not use this space.

25346

1. PLACE OF DEATH

County Buchanan. Registration District No. 85  
Township Nashington Primary Registration District No. 1001 File No. \_\_\_\_\_  
City St. Joseph. (No. Whitehead Creek Foot of 10th St.) Registered No. 904 Ward) \_\_\_\_\_

2. FULL NAME

Edna Robbins.

(a) Residence, No. 6th & Atchison Streets Ward. Wichita Kansas.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 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) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1927.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8 6 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2nd Grade, Wichita Schools.  
10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wichita Kansas.

FATHER 13. NAME Burr Robbins.

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

MOTHER 15. MAIDEN NAME Grace Bradley.

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

17. INFORMANT (ADDRESS) Burr Robbins. Wichita Kansas.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rochester Cent Topeka, Kansas DATE July. 11. 1936

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden. 1802 Union St. St. Joseph Mo

20. FILED 7/10 1936 A. J. Neitelschky Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1936

22. I HEREBY CERTIFY, That I ~~attended~~ <sup>attended</sup> deceased from July 8, 1936, to \_\_\_\_\_, 19\_\_\_\_. I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 4 p.m.

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

Drowning (Accidental)

Date of onset

Other contributory causes of importance:

Head in water over her head

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Phys. find Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 7/7, 1936

Where did injury occur? Buchanan Co (Specify city or town, county, and State)

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

Manner of injury Drowning Nature of injury Head in deep water

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_ (Signed) Jornish Thomas Croner, M. D.

(Address) 731 Jason

