

MISSOURI 74

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

37076
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773

(b) Township St. Francois Primary Registration District No. 6018A Registered No. 167

(c) City Farmington, Missouri (d) Street No. State Road No 4 St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred S. Robbins

(a) Residence, No. Bessville, Missouri St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 1882

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

57 57 2 un.

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

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) Bollinger County (STATE OR COUNTRY) Missouri

FATHER 13. NAME Monroe Robbins

14. BIRTHPLACE (CITY OR TOWN) Bollinger County (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Rachel Rhodes

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

17. INFORMANT Records of State Hospital No. 4 (ADDRESS) Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Valley Mo. DATE Oct. 15th 1939

19. FUNERAL DIRECTOR (NAME) Baker Funeral Home (ADDRESS) Farmington, Mo. P. O. Box 100

20. FILED Oct 13, 1939 B. J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-13-39 19

22. I HEREBY CERTIFY, That I attended deceased from 12-9, 1939 to 10-13, 1939

I last saw him alive on 10-13, 1939. Death is said to have occurred on the date stated above, at 4:45 p.m.

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

Coronary Thrombosis.

Date of onset

Other contributory causes of importance: Syphilitic meningitis - empyema

Name of operation Chin. Lar Date of

What test confirmed diagnosis? Chin. Lar 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) Paul Schrack No. 1, M. D.
Farmington, Missouri

(Address)

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.

THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Thomas E. Graham

Licensed Embalmer No. 4010

P. O. Address San Francisco, Cal.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.