

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 22 1932

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

Do not use this space.

22170

1. PLACE OF DEATH
 16 County Cape Girardeau Registration District No. 175
 1 Township Cape Girardeau Primary Registration District No. 8009
 8 City Cape Girardeau (No. South East Missouri Hospital) St. _____ Ward _____
 2. FULL NAME Miss Anna Gloria Robinson
 (a) Residence, No. 225 So Blvd St. _____ Ward _____ (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13 - 1907

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>24</u>	<u>9</u>	<u>27</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 253

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 _____

OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape County, Mo

FATHER 13. NAME B S Robinson

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

MOTHER 15. MAIDEN NAME Polly Ballinger

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

17. INFORMANT B S Robinson
(ADDRESS) Cape Girardeau

18. BURIAL, CREMATION, OR REMOVAL
PLACE Peterson Cemetery DATE July 11 1932

19. UNDERTAKER Prin. Hosp. - Howell
(ADDRESS) Cape Girardeau Mo.

20. FILED 7-12 - 1932 W. C. Younger
Registrar.

MEDICAL CERTIFICATE OF DEATH

3 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-7 1932 to 7-10 1932
 I last saw him/her alive on 7-10 1932 Death is said to have occurred on the date stated above, at 8:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Induced abortion Date of onset 7-5-32
Septicemia 7-6-32
 Other contributory causes of importance _____
General Peritonitis
 Name of operation Autopsy Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? Yes

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) George J. Shaker, M. D.
 (Address) Cape Girardeau, Mo.

