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.

16
1
8

JAN 15 1935

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

Do not use this space.

42202

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 125 — File No.
Township — Primary Registration District No. 3009 — Registered No. 255
City Cape Girardeau (No. Southeast Mo Hospital St. Ward)

2. FULL NAME Wills, Nancy Caroline
(a) Residence, No. St., Ward. Zalma, Mo
(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. 6 How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Caucasian
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May - 5th - 1861
7. AGE: YEARS 73 — MONTHS 6 — DAYS 24 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 89A
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) New Salem Missouri

FATHER
13. NAME Robins, George Washington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Rhodes, Susan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Wills, Ollie - daughter Zalma Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Hill Cemetery DATE 12-3 1934
19. UNDERTAKER (ADDRESS) H. J. Baker Sutterfield Ill
20. FILED 12-2 1934 J. M. Thompson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1934, to Dec 1, 1934
I last saw her alive on Dec 1, 1934. Death is said to have occurred on the date stated above, at 1:15 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septico-pyaemia | |
| Middle ear disease, purulent right. | |

Other contributory causes of importance: Nephritis acute 89A

Name of operation Myringotomy Date of Nov 26
What test confirmed diagnosis? Blood 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) Carl W. Zimmermann, M. D.
(Address) Cape Girardeau