

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

Do not use this space.

**JAN 16 1936**

39373

**1. PLACE OF DEATH**

County Henry  
Township Honey creek  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 347  
Primary Registration District No. 5491

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Anna Miller Robinson

(a) Residence, No. Garland mo 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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 1862  
7. AGE YEARS 73 MONTHS 3 DAYS 27 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

13. NAME Calvin Miller

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

15. MAIDEN NAME Mary Rebecca Riley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT S. W. Robinson  
(ADDRESS) Clinton mo RR

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Engelwood DATE 12-16 1935

19. UNDERTAKER Consolmagno & Beck  
(ADDRESS) Clinton mo

20. FILED 12-17 1935 J. R. Hampton  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1935 to Dec 14, 1935  
I last saw her alive on Dec 12, 1935. Death is said to have occurred on the date stated above, at 2:00 p. m.  
The principal cause of death and related causes of importance were as follows:

Injury to left hip (with capsular fracture Dec 9/35)  
Chronic rheumatoid arthritis  
Date of onset \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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 Dec 9, 1935  
Where did injury occur? Garland mo  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home  
Manner of injury Fell in home  
Nature of injury Left capsular fracture, hip

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) S. B. Hughes, M. D.  
(Address) Clinton, 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.

20 21 22

Hughes

