

AUG 17 1936

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

Do not use this space.

25807

1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 125Township Cape GirardeauPrimary Registration District No. 3009City Cape GirardeauNo. A. C. M. Hospital

File No. _____

Registered No. 260

St. _____ Ward _____

2. FULL NAME Cecil Robbins(a) Residence, No. _____ St. _____ Ward Essex No

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 19137. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 13 2 288. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Idle
10. Date deceased last worked at this occupation (month and year) 7/27/36 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Essex Mo13. NAME Francis Robbins14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Emma Myers16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT F. Robbins (ADDRESS) _____18. BURIAL, CREMATION, OR REMOVAL PLACE Shenton Mo DATE 7-29-3619. UNDERTAKER Wells and Co (ADDRESS) _____20. FILED 7-27-36 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-27, 193622. I HEREBY CERTIFY, That I attended deceased from July 25, 1936, to July 27, 1936I last saw him alive on July 27, 1936 Death is saidto have occurred on the date stated above, at 1 P. m.

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

TetanusDate of onset 7/22/36Other contributory causes of importance: Name of operation None Date of _____What test confirmed diagnosis? Physical 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) W. H. Westcott, M. D.(Address) Cape Girardeau Mo

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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125-
Township _____ Primary Registration District No. 3009
City Cape Girardeau _____ St. _____ Ward _____

File No. _____
Registered No. 260
_____ Ward _____

2. FULL NAME Cecil Robbins

(a) Residence, No. _____ St. _____ Ward 1
(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 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 _____

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

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. min. |
|--------|-----------|----------|-----------|-------------------------------|
| | <u>13</u> | <u>2</u> | <u>28</u> | |

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

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 8-29-36 J. M. Thompson Registrar (Address) Cape Girardeau

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-27-36

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

Last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Tetanus

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (accident, suicide, or homicide), specify 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? _____

If so, specify _____

(Signed) Wm. H. Westcott, M. D.

(Address) Cape Girardeau

SUPPLEMENTAL

S-25807