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.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20077

1. PLACE OF DEATH

County: Cape Gir — Registration District No.: 125 — File No.: 1118

Township: Cape Gir — Primary Registration District No.: 3009 — Registered No.:

City: Cape Girardeau (No. St. Mo Hospital St. Ward)

2. FULL NAME Voelker, Douglas

(a) Residence. No. St., Ward. Perryville 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. 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: Child

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Year, 1923

7. AGE: 5 yrs. — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: Fred Voelker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St. Genevieve County Missouri
12. MAIDEN NAME OF MOTHER: Reme Raddol
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St. Genevieve

14. INFORMANT: Southeast Mo. Hospital (T.M. Norberg Supt.)
(Address): Cape Girardeau

15. FILED 6/4, 1928 W C Koempfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 4 1928

17. I HEREBY CERTIFY, That I attended deceased from June 3, 1928, to June 3, 1928 that I last saw him alive on June 3, 1928, and that death occurred, on the date stated above, at 5:45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Membraneous Croup
10
105A
10
(duration) yrs. about 4 mos. ds.

CONTRIBUTORY (SECONDARY): Tracheotomy.
(duration) yrs. mos. 3/4 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Perryville, Mo

2 DID AN OPERATION PRECEDE DEATH? yes. DATE OF June 3/28

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms & surgical findings.

(Signed) E B Schultz, M. D

6/4, 1929 (Address) Cape Girardeau, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Perryville, Mo — DATE OF BURIAL: 6/5 1928

20. UNDERTAKER: Al Brinkoff — ADDRESS: Cape Gir Mo