

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.

JAN 22 1929

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

Do not use this space.

39724

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 125
 Township 11 Primary Registration District No. 3009
 City 11 (No. South E mo. Hospital) St. 11 Ward 11

2. FULL NAME Albert Clever Angle
 (a) Residence. No. 11 St. 11 Ward 11
 (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) Sep 28, 1915

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>13</u>	<u>3</u>	<u>2</u>	

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

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

10. NAME OF FATHER Roy Angle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lutesville Mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lopsy Rhodes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Advance Mo
 (STATE OR COUNTRY)

14. INFORMANT C. C. Angle
 (Address) Advance Mo

15. FILED 1731, 19 28 W. H. Humpfer
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 30th 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1928, to Dec 30, 1928 that I last saw him alive on Dec 30, 1928, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis following a ruptured appendix.
121
129 (duration) yrs. mos. 4 ds.

CONTRIBUTORY Acute Gangrenous Appendicitis
 (SECONDARY) (duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED Advance Mo.
 IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec 29/28
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Angiogram findings
 (Signed) E. H. DeWitt, M. D.
12/31, 1928 (Address) Cape Girardeau

*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 Pleasant Hill Cem. DATE OF BURIAL Jan 1 19 29

20. UNDERTAKER Walther and Co ADDRESS Cape Girardeau Mo.

