

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

Do not use this space.

11931

1. PLACE OF DEATH

County Cape Girardeau
Township Cape
City Cape Girardeau (No. St. Francis Hospital)

Registration District No. 125
Primary Registration District No. 3009

File No. 11931
Registered No. 374
St. _____ Ward _____

2. FULL NAME

Mary E. Neiswonger

(a) Residence. No. 1 Jackson Ave. St. 7 Ward _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widowed (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF F. M. Neiswonger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 18 - 1862

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day,hrs. ormin.**
67 11 29

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

9. BIRTHPLACE (CITY OR TOWN) New Millsville Mo. (STATE OR COUNTRY)

10. NAME OF FATHER Orsill Carter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau County

12. MAIDEN NAME OF MOTHER Mary Baker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau County

14. INFORMANT Frank Neiswonger (Address) Jackson mo.

15. FILED 4/19/30 W. K. Sawyer REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17 1930

17. I HEREBY CERTIFY, That I attended/deceased from April 15, 1930, to April 16, 1930, that I last saw her alive on April 16, 1930, and that death occurred, on the date stated above, at about 1:00 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of pelvis of femur, fracture through the pelvic area and attended with visceral complications (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Age and urinary calculus (duration) yrs. mos. ds. 210 M

18. WHERE WAS DISEASE CONTRACTED Jackson, Mo. IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-ray
(Signed) B. W. Sawyer, M. D.
4/17/1930 (Address) Jackson, 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 Old Salem Cemetery **DATE OF BURIAL** April 19 1930

20. UNDERTAKER McComb Furn & Und Co. **ADDRESS** Jackson 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.

1930

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Division of
Vital Statistics.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Dr. James Stewart,
Special Agent,
Jefferson City, Mo.

WASHINGTON 125 11931

Dear Sir:

It is essential that death certificates be made complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

Name: Mary E Neiswonger

Who died at: Cape Girardeau, Mo. on April 17, 1930

Residence: No. _____ St. Jackson, Mo.
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months April Days _____

Sex: Female Color or race: White Single, married, widowed or divorced: Widowed

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Fracture of Pelvis at four points through the Pelvic area, and attended with visceral complications - bladder lacerated
Contributory: Age and tertiary lead

Automobile and Bus Collision in the City of Jackson, Mo.
Where was disease contracted? at right angle on right side of automobile

Did operation precede death? _____ Date of _____

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

Name of physician: B.H. Hays

Address of physician: Jackson, Missouri

Print this to the edge of my seat the rest in words such force as to fracture the pelvis at 4 points