

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.

4 1930

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

Do not use this space.

15521

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

File No.
 Registered No. 396

2. FULL NAME State Board of Health for Mrs. Jack Pind
 (a) Residence. No. 710 S. Federal 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. mes. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 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

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14, 1930
 17. I HEREBY CERTIFY, That I attended deceased from May 14, 1930 to May 14, 1930 that I last saw alive on May 14, 1930 and that death occurred, on the date stated above, at 9:40 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5/17, 30
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or 75 min.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth - 7 mos.
(Detached placenta)

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

CONTRIBUTORY (SECONDARY)
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau
 (STATE OR COUNTRY) Mo

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Jack Pind

DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Alto Pass
 (STATE OR COUNTRY) Ill

WHAT TEST CONFIRMED DIAGNOSIS none
 (Signed) George J. Shaker M. D.

12. MAIDEN NAME OF MOTHER Carrie Stowell

5/14, 1930 (Address) Cape Girardeau

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

14. INFORMANT Jack Pind
 (Address) Cape Girardeau Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fairmont Cem DATE OF BURIAL 5-15 1930

15. FILED 5/15 1930 W.C. Kumpfer REGISTRAR

20. UNDERTAKER Haman's Funeral Home Cape Girardeau

