

JUN 24 1930

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

Do not use this space.

15527

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township " Primary Registration District No. 3009
City " (No. S E Mc Hospital St. " Ward ")

File No. "
Registered No. 406

2. FULL NAME Charles Elmo McCune

(a) Residence. No. " St. " Ward. "
(Usual place of abode)

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 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) June 8 - 1918

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
1 11 14

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Elmo McCune

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

12. MAIDEN NAME OF MOTHER Thelma Fulbright

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

14. INFORMANT Elmo McCune
(Address) Cape Girardeau

15. FILED 5/23, 1930 W. K. Kumpfer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22 1930

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1930, to May 22, 1930 that I last saw him alive on May 22, 1930 and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Double Bronchial Pneumonia and suppurative Otitis media

107 1/2 (duration) yrs. mos. ds.
87 1/2

CONTRIBUTORY (SECONDARY) 107 1/2
(duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) H. Paul Williams M. D.

, 19 (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 DATE OF BURIAL

Fairmount Cemetery May 25 1930

20. UNDERTAKER ADDRESS

Embry T & Co Cape Gir. 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.

