

SEP 22 1930

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

Do not use this space.

26082 j.

1. PLACE OF DEATH

County Cape Girardeau
Township U
City "

Registration District No. 125
Primary Registration District No. 3009
(No. No. Main St)

File No. _____
Registered No. 472
St. _____ Ward _____

2. FULL NAME

Peggy Gene Choate

(a) Residence. No. No. Main St. _____ 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 (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 26 - 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 4 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None 181
(b) General nature of industry, business, or establishment in which employed (or employer) — 1867
(c) Name of employer _____

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

10. NAME OF FATHER Louis Choate

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

12. MAIDEN NAME OF MOTHER Serena M. Childs

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

14. INFORMANT (Address) Louis Choate Cape Girardeau Mo.

15. FILED 8/2, 1930 W.C. Koempfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 1st 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1930, to Aug 1, 1930 that I last saw h.w. alive on Aug 1, 1930, and that death occurred, on the date stated above, at 7 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Scalded free in hot water
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) 174
(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) A. M. Murphy, M. D.
, 19 (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 DATE OF BURIAL
Fairmount Cem. Aug 3 1930

20. UNDERTAKER ADDRESS
Wether Und. 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.

