

NOV 21 1930

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

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32266

## 1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 125

File No. ....

Township .....Primary Registration District No. 3009Registered No. 546City .....(No. Mississippi River, near Cermans Place St. .... Ward)2. FULL NAME Jessie Romine(a) Residence No. 813 So. Sprigg St. .... Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred / yrs. 0 mos. 20 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) Dec 19, 1909

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

20929

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Construction Highway

(b) General nature of industry, business, or establishment in which employed (or employer)

Truck driver

(c) Name of employer

A. C. Bullock

## 9. BIRTHPLACE (CITY OR TOWN)

town

(STATE OR COUNTRY)

## 10. NAME OF FATHER

Wm Romine

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Kentucky

(STATE OR COUNTRY)

## 12. MAIDEN NAME OF MOTHER

Elba Pratte

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

town

(STATE OR COUNTRY)

Bonne Terre Mo

## 14. INFORMANT

A. C. Bullock(Address) Cape Girardeau

## 15. FILED

11/5, 1930W. Kumpff

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 20 1930

17. I HEREBY CERTIFY, That I attended deceased from .....

....., 19....., to ....., 19....., 19....., and that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at .....

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Accidental Drowning in  
The Mississippi River  
Body recovered Nov 3rd 1930

## CONTRIBUTORY (SECONDARY)

(duration) yrs. .... mos. .... ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF NoneWAS THERE AN AUTOPSY? No

## WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Sherman Haupt, Coroner, 19 (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

## DATE OF BURIAL

Bonne Terre Mo11/5 - 1930

## 20. UNDERTAKER

## ADDRESS

Benham and CoBonne Terre Mo

AGE should be stated EXACTLY. PHYSICIANS should state properly Classified. Exact statement of OCCUPATION is very important.

1951

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1951

[The main body of the document contains several columns of text that are extremely faint and illegible due to the quality of the scan. The text appears to be organized into a table or a series of columns, but the individual characters and words cannot be discerned.]

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 125-  
Towship ..... Primary Registration District No. 3009  
City ..... (No. ....) Ward .....

File No. ....  
Registered No. 546  
St. .... Ward .....

**2. FULL NAME**

(a) Residence. No. Jimmie Rosaine 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. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

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

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED 12/6/30 W. Haupp REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 20 19 20

17. I HEREBY CERTIFY That I attended deceased from ..... 19....., 19..... (that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above.....)

THE CAUSE OF DEATH WAS AS FOLLOWS:

Accidental drowning in the Mississippi River - was deer hunting in small boat. Boat carried under barge by current.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? DATE 18 20

WAS THERE AN AUTOPSY? 17 20

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) ..... M. D.

, 19 (Address)

\*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

19

20. UNDERTAKER

ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S name and state CAUSE OF DEATH in plain terms, so that it may be classified. Exact statement of OCCUPATION is very important. REGIS SUPPLEMENTARY CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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