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

Do not use this space.

442

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

File No. .....
Registered No. 582

2. FULL NAME Mrs Clara May Statler
(a) Residence. No. 616 Bellevue 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Ralph Statler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25-1908

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	22	5	16	

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

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

PARENTS
10. NAME OF FATHER Ben Jones
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Marry Summers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Mr. Ralph Statler
(Address) 616 Bellevue

15. FILED 11/12 1931 W C Kaemsler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1931

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1930, to Jan 10, 1931 that I last saw her alive on Jan 10, 1931, and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis
23A Pulmonalis
24A
..... (duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Tuberculous encephalo-meningitis ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ?
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Phys Ex - X Ray - Lab Ex
(Signed) Carl A W Zimmermann, 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 Fairmount
DATE OF BURIAL Jan. 12 1931

20. UNDERTAKER A C Brunkcapf
ADDRESS 536 Broadway

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.