

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

Do not use this space.

449

1. PLACE OF DEATH

County Cape Girardeau
Township Cape
City Cape Girardeau No. Southeast Mo. Hospital

Registration District No. 125
Primary Registration District No. 3009

File No. _____
Registered No. 581
St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. Mary Waight St. Miller Ward. Miller
(Usual place of abode) Miller (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 F 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 Alvin R. Waight

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 18, 1896

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>34</u>	<u>1</u>	<u>22</u>	

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

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

10. NAME OF FATHER Alfred Shultz

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

12. MAIDEN NAME OF MOTHER Emily Biese

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

14. INFORMANT Alvin R. Waight
(Address) Miller Mo.

15. FILED 1/23/31 W. W. Waight 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 Jan 7, 1931, at Jan 10, 1931, that I last saw him alive on Jan 9, 1931, and that death occurred, on the date stated above, at 8 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Eclampsia (Child Birth)

146 (duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) none (duration) yrs. mos. ds.

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

1 DID AN OPERATION PRECEDE DEATH. yes DATE OF Jan 7
WAS THERE AN AUTOPSY? Approx 10
WHAT TEST CONFIRMED DIAGNOSIS? Stomatosis
(Signed) Chas. L. Seltzer M. D. (1)
, 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 Milwaukee Wis DATE OF BURIAL Jan 16 1931

20. UNDERTAKER Crocraft Miller ADDRESS Jackson Mo

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.

FEB 18 1931

