

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

Do not use this space.

17301

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township Cape Primary Registration District No. 2109
 City Cape Girardeau (No. St. M. Hospital) St. _____ Ward _____

File No. _____
 Registered No. 664

2. FULL NAME Mable M. Fresie

(a) Residence, No. _____ 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) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 - 1906
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
21 9 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Co., Mo.

FATHER 13. NAME C. Mitchell Fresie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rollinger Co., Mo.

MOTHER 15. MAIDEN NAME Margaret C. Hahn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Co., Mo.

17. INFORMANT M. M. L. M. Fresie
 (ADDRESS) Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Robert Chapel DATE May 2 1931

19. UNDERTAKER McLoyds Funeral Home
 (ADDRESS) Jackson St.

20. FILED 5/1 1931 W. C. Reiminger
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/1, 1931

22. I HEREBY CERTIFY, That I attended deceased from 4/18, 1931, to 5/1, 1931
 I last saw her alive on 4/30, 1931. Death is said to have occurred on the date stated above, 3:50 a.m.
 The principal cause of death and related causes of importance were as follows:

Shyptocic Septicemia Date of onset 4/18/31

Other contributory causes of importance:

Measles

Name of operation none Date of _____
 What test confirmed diagnosis? Strep. fac. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

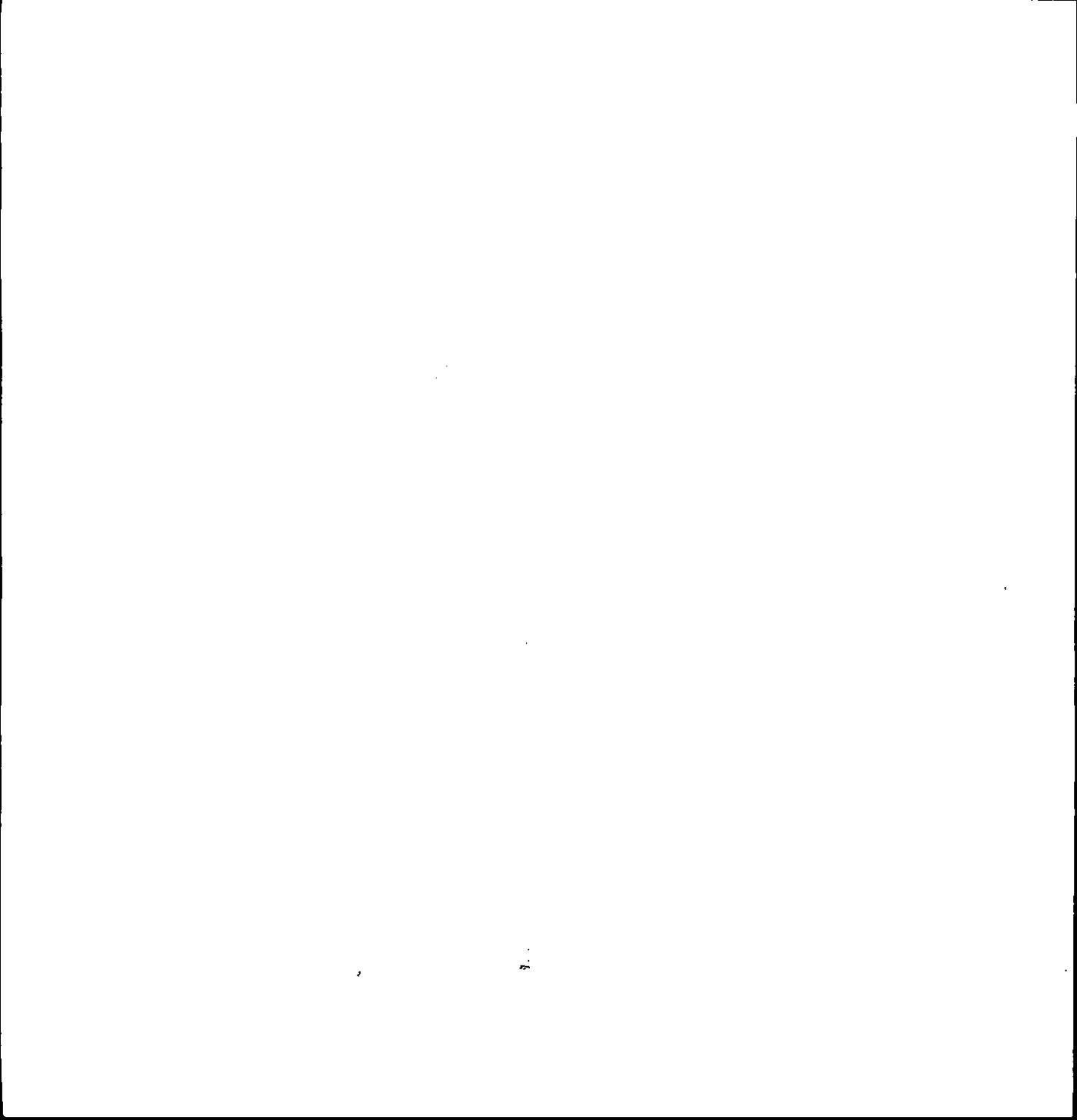
Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) W. C. Reiminger M. D.
 (Address) Cape Girardeau Mo.

JUN 24 1931



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Cape Girardeau Registration District No. 125-
Township 3009 Primary Registration District No. 3009
City St. Louis (No. 1) St. 1 Ward 1

File No. 664
Registered No. 664

2. FULL NAME Mable M. Oresie

(a) Residence. No. 1 St. 1 Ward 1
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S. (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25 - 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 9 6

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)

PARENTS

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 7/31 1931 W. K. Wampler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-1 1931

17. I HEREBY CERTIFY, That I attended deceased from 1931 to 1931, that I last saw him alive on, 1931, and that death occurred, on the date stated above, at St. Louis, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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