

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.

AUG 25 1931

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

24422

1. PLACE OF DEATH

County Cape Girardeau
 Township 11
 City St. Francis Hospital (No. 125)

Registration District No. 125Primary Registration District No. 3009File No. 734Registered No. 734

Ward

2. FULL NAME

(a) Residence, No. Cape Girardeau

(Usual place of abode)

St.

Ward.

(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 OFGuy Ahlsted

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

July 26 - 1908

7. AGE

YEARS

MONTHS

DAYS

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

221116

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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)

Hayti mo

MOTHER FATHER

13. NAME

Henry Hudgens

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

Wells mo

15. MAIDEN NAME

Mathie Lane

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

Portageville mo

17. INFORMANT (ADDRESS)

Guy Ahlsted

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

St. Marys July 19

19. UNDERTAKER (ADDRESS)

Longberg & Co Cape Girardeau mo

20. FILED

7-13 1931 W. C. Campbell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 12 1931

22. I HEREBY CERTIFY That I attended deceased from

July 4 1931 to July 12 1931Last saw him alive on July 12 1931 Death is saidto have occurred on the date stated above, at 12:00 a.m.

The principal cause of death and related causes of importance were as follows:

Septicemia

Date of onset

June 1-31

Other contributory causes of importance:

miscellaneous

Name of operation

Date of

What test confirmed diagnosis? Lab.

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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)

(Address)

J. W. Derrick, M. D.
Cape Girardeau mo

