

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

Do not use this space.

**33819**

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 125  
Township \_\_\_\_\_ Primary Registration District No. 2009  
City \_\_\_\_\_ (No. St. Francis Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 808

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode) McClure Sec 20 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. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 16 1878</u>		
7. AGE YEARS <u>13</u> MONTHS <u>7</u> DAYS <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home work</u>	
	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) <u>Cape County</u>		
FATHER	13. NAME <u>Mr Lauderdale</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape County</u>	
MOTHER	15. MAIDEN NAME <u>Tenterson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____	
17. INFORMANT <u>Arthur Jaska</u> (ADDRESS) <u>McClure Sec 20</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>McClure Sec 20</u> PLACE <u>Lindsey Cemetery</u> DATE <u>11-1-1931</u>		
19. UNDERTAKER <u>Quincy Nowell</u> (ADDRESS) <u>Cape Girardeau Mo</u>		
20. FILED <u>10/30 1931</u> <u>W.C. Kaufman</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 1931  
22. I HEREBY CERTIFY, That I attended deceased from Oct 25 1931 to Oct 30 1931  
I last saw h. N alive on 30 Oct 1931. Death is said to have occurred on the date stated above, at 5 A. m.  
The principal cause of death and related causes of importance were as follows:

Nephritis  
132A  
1110  
Other contributory causes of importance:  
Hypertensive Pneumonia

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) John P. Putz, M. D.  
(Address) \_\_\_\_\_

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.

NOV 28 1931

