

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

Do not use this space.

37059

1. PLACE OF DEATH

County Cape Girardeau
Township Cape Girardeau
City Cape Girardeau

Registration District No. 125
Primary Registration District No. 3009

File No. _____
Registered No. 825
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. Sedgewickville Mo. St. _____ Ward. Southeast Hospital
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 - 1920

7. AGE YEARS 11 MONTHS 4 DAYS 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 165

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 107

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) Sedgewickville Mo.

13. NAME Ada Master

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

15. MAIDEN NAME Mary Blalock

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

17. INFORMANT Mrs. Ada Master
(ADDRESS) Sedgewickville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedgewickville DATE Nov 21 1931

19. UNDERTAKER P. Craft & Miller
(ADDRESS) Jackson Mo.

20. FILED 11/19 1931 W. C. Campbell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/18 1931

22. I HEREBY CERTIFY, That I attended deceased from 10/25 1931 to 11/18 1931

I last saw him alive on 11/18 1931. Death is said to have occurred on the date stated above, at 10.0 m.

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

Septic Pneumonia Date of onset 10/15/31
Septicemia
with Septicemia
from Septicemia
2 weeks before coming to hospital

Other contributory causes of importance: typhoid fever post-H measles

Name of operation none Date of none

What test confirmed diagnosis Widal Was there an autopsy? no

23. If death was due to external cause (wound, etc.), specify also the following: Accident, suicide, or homicide? Alcohol

Where did injury occur? at his home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

While at play at home

Manner of injury cut on left hand

Nature of injury small cut on knee

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) O. L. Seabough M. D.

(Address) Cape Girardeau 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.

NOV 21 1931

1000