

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

Do not use this space.

40340
40350

1. PLACE OF DEATH

County Cape Girardeau
Township " "
City " "

Registration District No. 125
Primary Registration District No. 3009

File No. _____
Registered No. 840
St. 9 Ward

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 7 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 (OR) WIFE OF Fred Otto Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13-1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>48</u>	<u>7</u>	<u>29</u>	

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

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) Illinois

13. NAME John Cavan

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

15. MAIDEN NAME Wont Know

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

17. INFORMANT Fred Otto Martin
(ADDRESS) R. F. W. #2 Cape Gir. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE Dec 14, 1931

19. UNDERTAKER (ADDRESS) Larberg & Co
Cape Girardeau Mo.

20. FILED 12/14, 1931 W. Kauffman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931 to Dec 12, 1931. I last saw her alive on Dec 12, 1931. Death is said to have occurred on the date stated above, at 8:00 m.

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

Gastric Ulcer about 1927
(Perforated)

Other contributory causes of importance: 117P 1107 J

Name of operation Operation of Ulcer Date of 12-1-31
What test confirmed diagnosis? operation 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 ✓, 1931
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) George H. Galke, 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.

JAN 19 1932

