

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

Do not use this space.

16  
1  
8

1. PLACE OF DEATH  
 County Cape Girardeau Mo Registration District No. 125  
 Township 11 Primary Registration District No. 3009  
 City 11 (No. 11) St. 42 Ward)

2. FULL NAME Mary Catherine Case  
 (a) Residence, No. 831 William 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.

File No. 3969  
 Registered No. 42

**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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 - 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>2</u>	<u>12</u>	<u>12</u>	

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

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) Cape Girardeau (STATE OR COUNTRY) Mo

13. NAME Carl Case

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

15. MAIDEN NAME Bertha Thomure

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

17. INFORMANT Carl Case (ADDRESS) 831 William St

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St Mary Cem DATE 2-19 1932

19. UNDERTAKER Hannay Funeral Home (ADDRESS) Cape Girardeau Mo

20. FILED 2-19- 1932 W.C. Kamppfer Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 - 1932, to Feb 19 - 1932  
 I last saw h. ex. alive on Feb 18 - 1932 Death is said to have occurred on the date stated above, at 12:30 am.  
 The principal cause of death and related causes of importance were as follows:  
Tuberculosis Date of onset 2-8-32  
108  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) W.A. Schorn 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.

FEB 21 1932

