

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

Do not use this space.

6728

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. Missouri Pacific Hospital,

Registration District No. 791
Primary Registration District No. 1003

File No. 1804
Registered No. 1804
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 212 So Spring St., 11 Ward. Cape Girardeau, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1876

7. AGE YEARS abt. 46 MONTHS Unknown, DAYS Unknown, If LESS than 1 day,hrs. ormin.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo. Pac. R. R. 106

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. S. A. 2

13. NAME Unknown,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, 21

15. MAIDEN NAME Unknown,

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

17. INFORMANT (ADDRESS) Wm. J. F. Pickering, Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Webb City, Mo. DATE 2/24/32, 1932

19. UNDERTAKER (ADDRESS) Robert H. ... Concordia, Mo.

20. FILED FEB 24 1932 Wm. C. Stanley Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1932, to Feb 24, 1932

I last saw him alive on Feb 24, 1932. Death is said to have occurred on the date stated above, at 3:50 A.M.

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

Chronic Myocarditis 1929
131
935 / 107
Other contributory causes of importance:
Chronic hepatitis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? W

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1932

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 _____ ①

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____

(Signed) Harry Cutler, M. D.

(Address) 1755 South Grand

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.

