

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

Do not use this space.

7623

1. PLACE OF DEATH  
 16 County Cape Girardeau Registration District No. 125  
 1 Township Jefferson Primary Registration District No. 3009  
 8 City Jefferson (No. 508) St. Jefferson Ward         

2. FULL NAME Mrs. Clara Birkings  
 (a) Residence, No. 508 Jefferson 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.           
 Registered No. 53  
 St.          Ward         

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE Wm Becking

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74                      9                      19

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

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) Cape Girardeau Mo

FATHER 13. NAME Joseph Stevens 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Amanda Brooks 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. J. M. Pitzel (ADDRESS) 508 Jefferson

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Camp Ground DATE 3-12-1932

19. UNDERTAKER Brinkley-Howard (ADDRESS) Cape Girardeau Mo

20. FILED 3/12/32 W. W. Sumpster Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1932, to March 10 1932  
 I last saw her alive on March 10 1932 Death is said to have occurred on the date stated above, at 9:30 m.  
 The principal cause of death and related causes of importance were as follows:  
Bronchial Pneumonia Date of onset         

Other contributory causes of importance:  
197 1/2 / 07 W

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?           
 If so, specify           
 (Signed) Phil P. Williams, 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.

APR 5 1932

