

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.

JUN 21 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

15489

1. PLACE OF DEATH

16 County Cape Girardeau
 1 Township "
 8 City "

Registration District No. 125
 Primary Registration District No. 3007
 (No. So. East Mo. Hospital)

File No.
 Registered No. 106
 St. Ward)

2. FULL NAME

(a) Residence, No.
 (Usual place of abode)

St. Ward. Chaffee Mo.

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.

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 HUSBAND OF (OR) WIFE OF Glenn Allen
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-25-1902
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
29 6 9

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. House Wk 235
 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) Washington Ind

13. NAME Jessie Van Winkle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis Co Ind

15. MAIDEN NAME Mollie Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis Co Ind

17. INFORMANT Glenn Allen
 (ADDRESS) Chaffee Mo

18. BURIAL CREMATION, OR REMOVAL

PLACE McLean Cent DATE 5-6 1932

19. UNDERTAKER Hamer's Funeral Home
 (ADDRESS) Cape Girardeau Mo

20. FILED 5-6 1932 W. H. C. C. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-4 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-4 PM, to 5-4 1932

I last saw him alive on 5-4 1932 Death is said

to have occurred on the date stated above, at 10:45 m. PM

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

1778 Intestinal Obstruction (Perforation of Bowel)

Other contributory causes of importance:

12215 (1)

Name of operation Laparotomy Date of 5-4

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external cause (Violence), fill in also the following:

Accident, suicide, or homicide? No 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) Abraham M. D.

(Address) Cape Girardeau Mo

