

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

Do not use this space.

23869

File No.

Registered No.

85

1. PLACE OF DEATH

94 County St. Francois
Township St. Francois
City Farmington (No. _____) St. _____ Ward _____

Registration District No. 773
Primary Registration District No. 6018A

2. FULL NAME

(a) Residence, No. 44 Morgan oak 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. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m.</u>	4. COLOR OR RACE <u>w.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>wid</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE	YEARS	MONTHS
	<u>44</u>	<u>8</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stationary Eng.</u>	
	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) <u>Dec.</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Del.</u> <u>2</u>		

MOTHER	13. NAME <u>G. B. Little</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Del.</u>
FATHER	15. MAIDEN NAME <u>M. J. Sheldon</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Del.</u>

17. INFORMANT Hosp. records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cape Girardeau DATE July 31, 1932

19. UNDERTAKER (ADDRESS)
Harmon Cape Girardeau

20. FILED 7-30-32 1932
J. S. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927, to July 29, 1932
I last saw him alive on July 29, 1932 Death is said to have occurred on the date stated above, at 3:50 p.m.
The principal cause of death and related causes of importance were as follows:

General Paralysis of the Insane
1932
Other contributory causes of importance: (1)

Name of operation no. Date of _____
What test confirmed diagnosis chest x ray 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 _____
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) P. S. Tate M. D.
(Address) Hosp #4 Farmington, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

AUG 27 1932

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.

MARGIN RESERVED FOR FILING

