

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

Do not use this space.

28590

1. PLACE OF DEATH

11 County Duchesne Registration District No. 86
Township Washington Primary Registration District No. 5127
City Cape Girardeau (No. 7)

File No.
Registered No. 79 St. Ward

2. FULL NAME

(a) Residence, No. Cape Girardeau Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. 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 Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Do Not Know

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Do Not Know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 86 yrs

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe-maker
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) Do Not Know³¹

FATHER
13. NAME Do Not Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know

MOTHER
15. MAIDEN NAME Do Not Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know

17. INFORMANT (ADDRESS) Duchessne County, France records

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 9/21 1932

19. UNDERTAKER (ADDRESS) Stinger, Stawey & H.

20. FILED Sept 20 1932 J. J. Bannister Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18, 1932

22. I HEREBY CERTIFY, That, attended deceased from Sept 19 1932 to Sept 18, 1932
I last saw him alive on Sept 19, 1932 Death is said to have occurred on the date stated above, at m.

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

apoplexy
XIA
①
Other contributory causes of importance: gout

Name of operation Date of
What test confirmed diagnosis? Arterial 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) J. J. Bannister, M. D.
(Address) St. Louis, Mo

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.

OCT 24 1932

WHILE FATHER, WITH ON-READING INK—THIS IS A PERMANENT RECORD

