

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

38741

1. PLACE OF DEATH

1. County Cape Girardeau
 2. Township 11
 3. City 11

Registration District No. 125
 Primary Registration District No. 3009
 (No. 905 J. Henderson)

File No. _____
 Registered No. 304
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 905-8 Henderson St. _____ Ward _____
 (Usual place of abode)
 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mr. Blanche Wilbur</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April-13-1889</u>		
7. AGE YEARS <u>43</u>	MONTHS <u>2</u>	DAYS <u>2</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Judge Opera</u>	11. Total time (years) spent in this occupation <u>237</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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Ky</u>		
13. NAME <u>Wm Allen</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
15. MAIDEN NAME <u>Amelia Head</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Blanche Wilbur</u> <u>905-8 Henderson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Long Cent</u> DATE <u>Dec-16</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>John St. Avit</u> <u>Cape Girardeau Mo</u>		
20. FILED <u>12/17</u> 19 <u>32</u> <u>W. Kauffman</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-15 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-14 1932 to 12-15 1932
 I last saw him alive on 12-15 1932 Death is said to have occurred on the date stated above, at 11:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
 Date of onset 12-10 1932

Other contributory causes of importance: ①

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) John St. Avit M. D.
 (Address) Cape Girardeau Mo

AUG 28 1946