

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

Do not use this space.

**1. PLACE OF DEATH**

16 County Cape Girardeau Co. Registration District No. 125  
 1 Township Cape Gir. Primary Registration District No. 3009  
 8 City Cape Girardeau Mo. No. 34 S. Spanish St. St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 38742  
 Registered No. 308

**2. FULL NAME**

Roxanna A. Propper  
 (a) Residence, No. \_\_\_\_\_ 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Logan Propper  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 2 - 1849  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 8 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House help  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 100  
 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) Jenny

MOTHER 13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Eliza Browns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenny

17. INFORMANT (ADDRESS) L. O. Hawk

18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Point Cem. DATE Dec. 16 - 1932

19. UNDERTAKER (ADDRESS) Lloyd S. Morgan

20. FILED 12/15 32 Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from 7/11/31 1932, to Dec 15 1932  
 I last saw h. or alive on Dec 15 1932 Death is said to have occurred on the date stated above, at 12:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_  
2 thrombophlebitis  
right lower limb  
100  
 Other contributory causes of importance: 100 1  
Preceded - Convalescing 10/21/32

Name of operation none 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 None  
 (Signed) Wm. F. Crockett M. D.  
 (Address) W. F. Crockett 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. JAN 22 1936

WHILE FILLING IN WITH OUTWARD INTEREST THIS IS A PERMANENT RECORD

