

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

Do not use this space.

8739

1. PLACE OF DEATH
 16 County Cape Girardeau Registration District No. 125
 1 Township Primary Registration District No. 3009
 8 City (No. Red Star Sub) St. Ward

2. FULL NAME Billy Earl Cagle
 (a) Residence, No. Red Star Sub St. Ward
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

File No.
 Registered No. 63

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-5-1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>7</u>	<u>4</u>	<u>29</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

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) Cape Girardeau MO

FATHER

13. NAME Arley Cagle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fonesboro MO

MOTHER

15. MAIDEN NAME Rosa Reynolds

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

17. INFORMANT (ADDRESS) Arley Cagle Cape Girardeau MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Halls Chapel Cem DATE March-6-1933

19. UNDERTAKER (ADDRESS) Haman's Funeral Home Cape Girardeau MO

20. FILED 3-6-1933 Loekampfer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/4 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1933 to Mar 4 1933
 I last saw him alive on Mar 4 1933 Death is said to have occurred on the date stated above, at 8:15 p.m.
 The principal cause of death and related causes of importance were as follows:
IIA Employee
IIA
 Date of onset Feb 1933

Other contributory causes of importance Influenza - Pneumonia 1-31-33

Name of operating Pharmacy Date of 1/14/33
 What test confirmed diagnosis? Spec. Was there an autopsy? X

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? No
 If so, specify
 (Signed) George S. Walker, M. D.
 (Address) Cape Girardeau 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 important.

THIS IS A PERMANENT RECORD

APR 24 1933

