

Perinorophy

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

Do not use this space.

25849

File No. _____
Registered No. 200
St. _____ Ward _____

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125
Township _____ Primary Registration District No. 3009
City Cape Girardeau (No. South East No. Hospital)

2. FULL NAME Miss Nora George
(a) Residence, No. Brownwood St. _____ Ward Brownwood, 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>Female</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>Henry George</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 13 1888</u>		
7. AGE YEARS <u>45</u>	MONTHS <u>5</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 1933 to Aug 28 1933
I last saw her alive on Aug 28 1933 Death is said to have occurred on the date stated above, at 10:20 PM
The principal cause of death and related causes of importance were as follows:
Post operative sepsis
uterine suspension
for proctitis

Other contributory causes of importance:
1396
1224
137E

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER
13. NAME Newton Malow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Elizabeth Berryman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Dan Warrick

18. BURIAL, CREMATION, OR REMOVAL
PLACE McKee Cem. DATE Aug 31 1933

19. UNDERTAKER (ADDRESS) Floyd Morgan
Advance Mo.

20. FILED 87 31 1933 W. Kempfer
Registrar.

Name of operation uterine suspension Date of 8/22/33
What test confirmed diagnosis? operative 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 _____, 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? Y
If so, specify _____
(Signed) George S. Parker, M. D.
(Address) Cape Girardeau

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

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.

SEP 26 1933

MAINTAIN RESERVED FOR BINDING

U. S. NO. 1

