

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

Do not use this space.

25850

1. PLACE OF DEATH

County Cape Girardeau
Township
City

Registration District No. 125
Primary Registration District No. 3009
(No. 623A Goodhope)

File No.
Registered No. 187
St. Ward

2. FULL NAME

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 30-1896</u>		
7. AGE	YEARS	MONTHS
	<u>37</u>	<u>1</u>
		DAYS
		<u>19</u>
		IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoemaker</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)	
	11. Total time (years) spent in this occupation	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1933, to Aug 19 1933

I last saw alive on Aug 19 1933. Death is said to have occurred on the date stated above, at 2:35 P.M.

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis (Onset uncertain) 1932

Other contributory causes of importance: 73

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

FATHER	13. NAME <u>Alex Smith</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>
	15. MAIDEN NAME <u>MAY SAGMAN</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>PEN N.</u>

17. INFORMANT (ADDRESS)

Mrs Ollie Crump Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Home DATE Aug 21 1933

19. UNDERTAKER (ADDRESS)

Brinkoff - Howell Cape Girardeau Mo

20. FILED

8/21 1933 W. C. Campbell Registrar

Name of operation Date of

What test confirmed diagnosis Sputum Exam as shown 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? No
If so, specify

(Signed) Wm. O. Walker, M. D.
(Address) Cape Girardeau Mo

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

