

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

Do not use this space.

**25855**

**1. PLACE OF DEATH**

16 County Cape Girardeau  
Township Pharos  
City Pharos (No.     )

Registration District No. 129  
Primary Registration District No. 5780

File No.       
Registered No. 14  
St.      Ward     

**2. FULL NAME**

(a) Residence, No. Cape Girardeau Mo. 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>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 13-1930</u>		
7. AGE YEARS <u>3</u>	MONTHS <u>4</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</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.		
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) <u>Cape Girardeau Mo.</u>
13. NAME <u>William Carter</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wachuta, Doyal, La</u>
15. MAIDEN NAME <u>Lena Sheppard</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Girardeau Mo.</u>
17. INFORMANT (ADDRESS) <u>Will Carter</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walton</u> DATE <u>Aug 21</u> 19 <u>33</u>
19. UNDERTAKER (ADDRESS) <u>Hanson Funeral Home</u> <u>Cape Girardeau Mo.</u>
20. FILED <u>Aug 21-1933</u> <u>F. J. Schoen</u> Registrar.

**2. MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1933, to Aug 20 1933  
I last saw him alive on Aug 20 1933. Death is said to have occurred on the date stated above, at 2:40 a.m.  
The principal cause of death and related causes of importance were as follows:  
Tuberculous Pneumonia  
35  
100

Other contributory causes of importance:  
malnutrition

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? no  
If so, specify       
(Signed) [Signature] 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

