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.

OCT 20 1933

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

Do not use this space.

28984

File No.

Registered No. 245

1. PLACE OF DEATH

County Cape Girardeau — Registration District No. 125

Township " " — Primary Registration District No. 3009

City " " (No. 600 So Benton St. Ward)

2. FULL NAME Leola D. Stewart

(a) Residence, No. 600 So Benton 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 19-1880

7. AGE: Years 53 | Months 7 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Petersburg Ky.

FATHER

13. NAME: John Cooper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Petersburg Ky

MOTHER

15. MAIDEN NAME: Francis Buckhanan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis.

17. INFORMANT (ADDRESS): J. N. Stewart, Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Louisiana Cem DATE: Oct 2, 1933

19. UNDERTAKER (ADDRESS): Walthus Und. Co, Cape Girardeau Mo.

20. FILED: 9-30, 1933 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1933 to Sept 30, 1933

I last saw her alive on Sept 28, 1933. Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3 mo
Tuberculosis Laryngitis	
23A	

Other contributory causes of importance: Pulmonary Tuberculosis 3 mo

Name of operation: None — Date of

What test confirmed diagnosis: Physical & clinical — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No — 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: None

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. H. Hofer, M. D.

(Address) Cape Girardeau Mo