

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

Do not use this space.

32421

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township 11 Primary Registration District No. 3009
City Delta (No. See East mo Hospital) St. _____ Ward _____

File No. _____
Registered No. 251 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Delta 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 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) Aug-24-1933

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 1 24

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) Delta mo.

FATHER 13. NAME Herbert Smider

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canon mo.

MOTHER 15. MAIDEN NAME Bernice Davenport

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canon mo

17. INFORMANT (ADDRESS) Herbert Smider Delta mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Funerary Art DATE 10-21-33

19. UNDERTAKER (ADDRESS) Thomas Funeral Home Cape Girardeau mo

20. FILED 10/21 1933 W.C. Rainey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1933, to Oct 20 1933

I last saw him alive on Oct 20 1933. Death is said to have occurred on the date stated above, at 8:40 a.m.

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

Suppurative Otitis Media Date of onset _____
Cholera

Other contributory causes of importance: _____

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? _____
If so, specify _____

(Signed) Paul R. Williams, 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.

NOV 10 1933

