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.

JAN 3 1934

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

Do not use this space.

35882

1. PLACE OF DEATH

16 County Cape — Registration District No. 125 — File No.

Township — Primary Registration District No. 3009 — Registered No. 272

1/8 City Cape Girardeau (No. Southeast Mo. Hospital Ward)

2. FULL NAME Mouser: Charlie Henry

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

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) Nov 23 - 1910

7. AGE: 22 YEARS, 11 MONTHS, 15 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Bollinger Co. Mo.

FATHER
13. NAME Avery Mouser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co. Mo.

MOTHER
15. MAIDEN NAME Clara Emma Pound
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co Mo

17. INFORMANT (ADDRESS) Father. Avery Mouser Steam Allen Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE McGee Chapel DATE Nov 9 1933

19. UNDERTAKER (ADDRESS) A. J. Baker Sutterville Mo.

20. FILED 11-8- 1933 W C Kampffer Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 31st, 1933, to Nov 8th, 1933

I last saw him alive on Nov 8th, 1933. Death is said to have occurred on the date stated above, at 8 P. m.

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

Gangrenous and suppurative appendicitis 121A 121B 129 121 A

Date of onset: About Oct 23rd 1933

Other contributory causes of importance: General peritonitis

Name of operation Appendectomy & drain Date of Oct 31/33

What test confirmed diagnosis? operation 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? no

If so, specify

(Signed) G B Schultz, M. D.

(Address) Cape Girardeau, Mo.