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 26 1934

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

Do not use this space.

39387

File No.

Registered No. 295

1. PLACE OF DEATH

16 County Cape Girardeau — Registration District No. 125

1 Township " " — Primary Registration District No. 3069

8 City " (No. 2204 W. Broadway St. Ward)

2. FULL NAME Rosemary Wulfers

(a) Residence, No. 2204 Broadway 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11-1932

7. AGE: 1 YEARS, 10 MONTHS, 26 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Cape Girardeau

FATHER

13. NAME Edw. Wulfers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Mo.

MOTHER

15. MAIDEN NAME Clotilda Seib

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Wendel Ind

17. INFORMANT (ADDRESS) Mrs Edw Wulfers Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys Cem DATE Dec 8 1933

19. UNDERTAKER (ADDRESS) Walthers Und Co. Cape Girardeau Mo.

20. FILED 12/8 1933 W C Kempffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1933, to Dec 7, 1933

I last saw her alive on Dec 7, 1933. Death is said to have occurred on the date stated above, at 10:15 m.

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

Laryngitis — Date of onset 12/2

(Suscept Diphtheria Laboratory reports culture and smear negative)

Other contributory causes of importance:

10

10 A

Name of operation Tracheotomy Date of 12/6/33

What test confirmed diagnosis? Clinical findings 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?

If so, specify

(Signed) E H Gregory Wilson, M. D.

(Address) Cape Girardeau Mo.