

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

Do not use this space.

406

1. PLACE OF DEATH

County Cape Registration District No. 125
Township _____ Primary Registration District No. 3009
City Cape Girardeau (No. St. Francis Hospital)

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Fornfeld 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. 7 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) divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) may 15 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>61</u>	<u>6¹¹</u>	<u>7⁰</u>	<u>20</u>	

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

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) 12-28-1933 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Bill Fox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) William Rebel Jr

18. BURIAL, CREMATION, OR REMOVAL
PLACE Anna Lee DATE Jan 7 1934

19. UNDERTAKER (ADDRESS) Robt C Crowell
Fornfeld mo

20. FILED 1/6 1934 ockhaempfer
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) I-5-34, 1934

22. I HEREBY CERTIFY, That I attended deceased from I2-29-33, 1933, to I-5-34, 1934

I last saw h. er alive on I-5-34, 1934 Death is said

to have occurred on the date stated above, at 5 1/2 PM
The principal cause of death and related causes of importance were as follows:

13910
13110
1310
Ovarian Abscess
Appendicitis Chr.
Other contributory causes of importance: _____

13910
Cophorectomy-Appendectomy
Name of operation _____ Date of I-30-33
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? no Date of injury _____, 1934

Where did injury occur? none
(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 none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) G. H. Smith, M. D.
(Address) Cape Girardeau Mo

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.

1934
2-25-34
321

