

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

Do not use this space.

419

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township 11 Primary Registration District No. 3009
City " (No. 709 Good Hope) St. _____ Ward _____

File No. _____
Registered No. 16

2. FULL NAME

(a) Residence, No. 709 Good Hope 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4 - 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 4 11

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

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) High Hill

13. NAME Charles F. Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

15. MAIDEN NAME Clydebeth Hubbard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brownsville

17. INFORMANT (ADDRESS) Bettie Hollenbeck
Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Altopas Ill DATE 1-17 1934

19. UNDERTAKER (ADDRESS) Hannay Funeral Home
Cape Girardeau Mo

20. FILED 1-17-1934 W. Kauffman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 15 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-10 1933 to 1-15 1934

I last saw him alive on 1-14 1934 Death is said to have occurred on the date stated above, at 2:35 p.m.

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

48
Arteriosclerosis of
Coronary Arteries
Other contributory causes of importance:
Coronary Arteriosclerosis
Brain

Name of operation _____ Date of _____
What test confirmed diagnosis Tub. 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) W. Kauffman 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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

