

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.

MAR 24 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 125Township 2Primary Registration District No. 2009City ParisNo. 135 S. HendersonFile No. 4177Registered No. 38

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. 135 S. Henderson 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)

Married

6A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFHenry H. Allers

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

Dec 23 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.71112

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

Housewife

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, Missouri

13. NAME

Conrad Vogelsang

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

Germany

15. MAIDEN NAME

Elizabeth Kortung

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

Germany

17. INFORMANT (ADDRESS)

My H. Allers, Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union Cemetery DATE Feb 6 34

19. UNDERTAKER (ADDRESS)

Franklin, Howell Funeral Home, Cape Girardeau Mo.

20. FILED

275, 1934 W. A. Schwen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1934

22. I HEREBY CERTIFY, That I attended deceased from

Jan 20 1933, to Feb 4 1934I last saw her alive on Feb 2 1934 Death is saidto have occurred on the date stated above, at 5:40 a.m.

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

Chronic Bright disease Date of onset about 2 yrs.

Other contributory causes of importance:

Endocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) W. A. Schwen, M. D.(Address) Cape Girardeau Mo.

