

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 Girardeau Registration District No. 125
Township " " Primary Registration District No. 8009
City " " (No. St. Francis Hospital) St. _____ Ward _____

File No. 4187
Registered No. 50
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Chicago Ill -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) July 9, 1858
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 75 7 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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 Mo13. NAME Nicholas Albert14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France15. MAIDEN NAME Anna Hojine16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France17. INFORMANT John F. Lilly
(ADDRESS) St. Louis Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Old Lorimer Cem DATE Feb 21 193419. UNDERTAKER Walthers Und. Co.
(ADDRESS) Cape Girardeau Mo20. FILED 721 1934 W.C. Kempfer
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1933 to Feb 19, 1934
I last saw him alive on Feb 19, 1934 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Endocarditis Date of onset 2/1/34
Rheumatic Chronic

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? Post mortem

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 19____

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 None
Nature of injury _____

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

(Signed) J. H. Hap M. D.
(Address) Cape Girardeau Mo

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.

THIS IS A PERMANENT RECORD
Should be stated EXACTLY, PHYSICIAN
of OCCUPATION

Every item of information should be carefully
checked for accuracy

SEARCHED INDEXED SERIALIZED FILED

MAY 19 1964

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