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.

MAY 25 1934

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

Do not use this space.

File No. 12133
Registered No. 25

1. PLACE OF DEATH
County: Cape Girardeau — Registration District No. 125
Township: " " — Primary Registration District No. 3009
City: Cape Girardeau (No. 918 William St. St. Ward)

2. FULL NAME: Jacob La Croix
(a) Residence, No. 918 William 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF [redacted] Mary A. La Croix

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 24 - 1850

7. AGE: Years 83. Months 9 Days 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
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): St Clair, Ill

FATHER
13. NAME: Jacob La Croix
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France.

MOTHER
15. MAIDEN NAME: Caroline Locker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France.

17. INFORMANT: Mrs Ben Rudut
(ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Mary's Cem. DATE: Apr 13. 1934

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

20. FILED: 4/12/1934 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-21, 1933, to 4-11, 1934.
I last saw him alive on 4-11-34, 19.... Death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Myocarditis	11-21-33
(2) Carcinoma of stomach?	or before.

Other contributory causes of importance:

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) R. A. Miller, M. D.
(Address) 735 Broadway Cape Girardeau Mo