

**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 Ward Primary Registration District No. 3009
 City Ward (No. Ward City High) St. _____ Ward _____

File No. 15999
 Registered No. 70

2. FULL NAME

(a) Residence, No. Ward City High Ward _____
 (Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 9 28

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

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) Ill

13. NAME Harrison Carter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Wm Johnson
 (ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fairmont Cent DATE 5-30 1934

19. UNDERTAKER Hannan's Funeral Home
 (ADDRESS) Cape Girardeau Mo

20. FILED 5-30 1934 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-29- 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-28- 1934 to 5-29- 1934

I last saw her alive on 5-29- 1934 Death is said

to have occurred on the date stated above, at 10 A. m.,
 The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

5-28-34

Other contributory causes of importance: none none

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) A. E. Dalton, M. D.

(Address) Cape Girardeau Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT 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.

JUN 29 1934

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