

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

Do not use this space.

**1. PLACE OF DEATH**

County Cape Girardeau, Mo. Registration District No. 125  
 Township Cape Girardeau, Mo. Primary Registration District No. 3009  
 City Cape Girardeau, Mo. South East Mo. Hospital St. (Ward)

File No. 23563  
 Registered No. 117

**2. FULL NAME**

(a) Residence, No. Smelterville 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Chief</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chief</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 8 - 1933</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>1</u>
		DAYS
		<u>3</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) <u>Cape Girardeau Missouri</u>		
MOTHER	13. NAME <u>Charles Dietiker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Girardeau Missouri</u>	
	15. MAIDEN NAME <u>Lavy Pippin</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison County Missouri</u>	
17. INFORMANT <u>Charles Dietiker</u> (ADDRESS) <u>Cape Girardeau, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairmount Ave.</u> DATE <u>July 10</u> , 19 <u>34</u>		
19. UNDERTAKER <u>Blakely Savelle</u> (ADDRESS) <u>Cape Girardeau, Mo.</u>		
20. FILED <u>July 16 - 1934</u> <u>J. M. Thompson</u> <u>D.P. Registrar</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1934  
 22. I HEREBY CERTIFY, that I attended deceased from July 7, 1934, to July 9, 1934  
 I last saw him alive on July 9, 1934. Death is said to have occurred on the date stated above, at 5 P. m.  
 The principal cause of death and related causes of importance were as follows:

Whooping cough  
 Other contributory causes of importance Chills  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 Whooping cough  
 (Signed) J. M. Thompson, 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.

AUG 24 1934

