

SEP 14 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 MoRegistration District No. 125

Township

Primary Registration District No. 5728City Cape Girardeau Mo

S. E. Mo. Hospital

File No. 28542Registered No. 146

St.

Ward)

2. FULL NAME

(a) Residence, No.

(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

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

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

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

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs.

or min.

About 45

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

Unknown

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)

Unknown

13. NAME

Unknown

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

15. MAIDEN NAME

Unknown

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

17. INFORMANT (ADDRESS)

S. E. Mo. Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Funerary8/12

19. UNDERTAKER (ADDRESS)

Funerary8/12

20. FILED

Aug. 12, 1934J. M. Thompson

Registrar.

MEDICAL CERTIFICATE OF DEATH

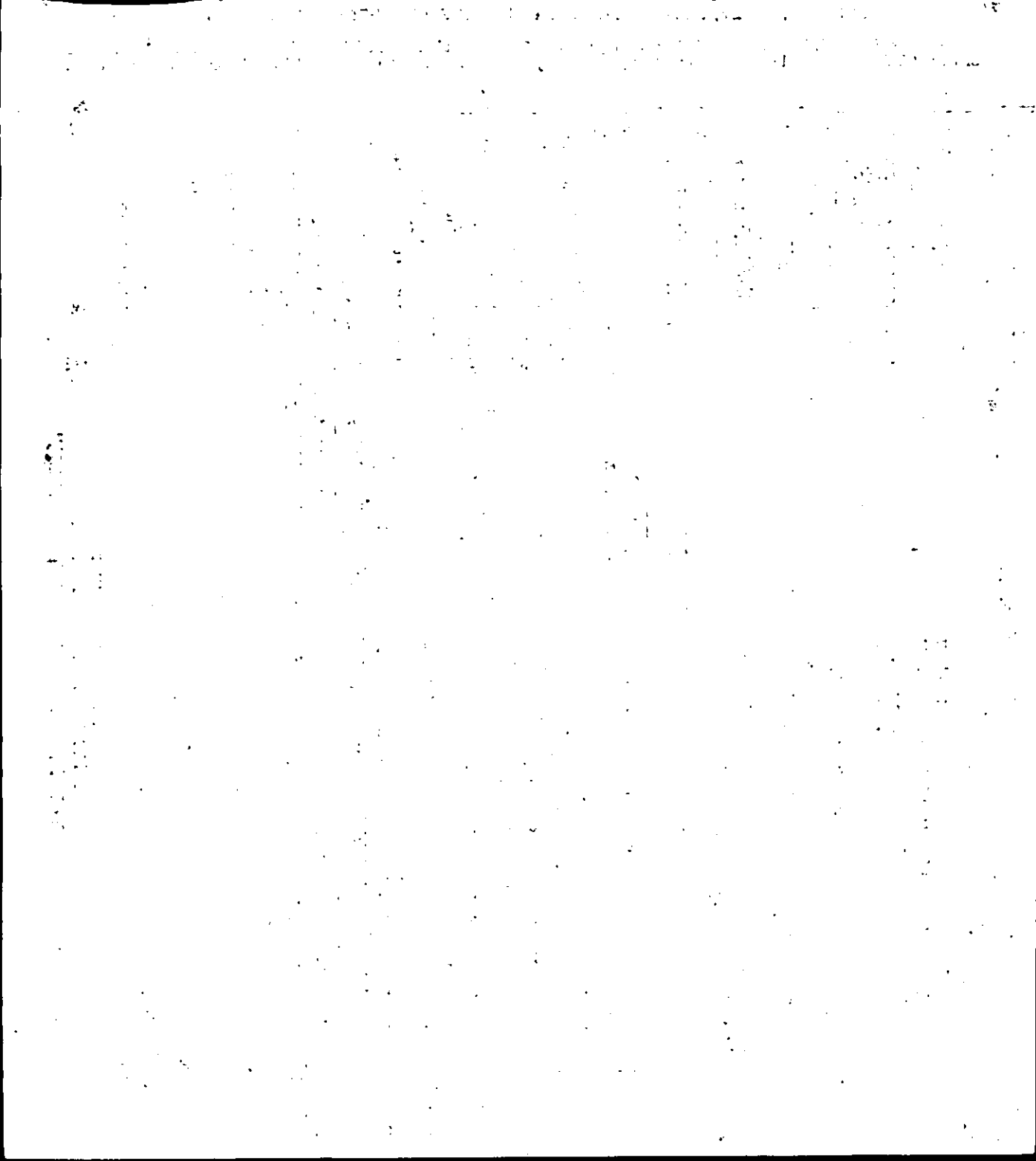
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12, 193422. I HEREBY CERTIFY, That I attended deceased from Aug 6th, 1934, to Aug 12, 1934I last saw her alive on Aug 11th, 1934. Death is said to have occurred on the date stated above, at 7⁰⁰ A.M.

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

Shock following surgical operation for removal of fibroid tumorOther contributory causes of importance: 541B
139CName of operation Hysterectomy Date of 8/7/34
What test confirmed diagnosis? No Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury No, 1934Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoNature of injury No24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify No(Signed) J. M. Thompson, M. D.(Address) Cape Girardeau, Mo



Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Classie Byrd
Who died at _____ on Aug 12 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: _____ Years _____ Months _____ Days

Sex F Color or race B Single, married, widowed or divorced: _____

Date of birth _____ Age: abt 45 Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Stack following surgical operation for
Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) residence of father

Birthplace of father (State or country) Tenn

Birthplace of mother (State or country) _____

Principal cause of death: sum of uterus was not malignant

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar J. M. Thompson Date filed 10-10-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 125

Very truly yours,

E. J. Mc Gaugh M.D.
S.C.

Primary Reg. Dist. No. 5178

Special Agent.

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