

SEP 14 1934

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

Do not use this space.

28551

1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 125Township Cape GPrimary Registration District No. 5198City Cape Girardeau(Name of Hospital) St. Francis Hospital

File No. _____

Registered No. 157

St. _____ Ward _____

2. FULL NAME Lester Eugene ShellSt. Francis Hospital(a) Residence, No. DongolaSt. Mo.

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. 8

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) ✓ |
|----------------|---------------------------|--|

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
✓6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb, 10 th 1922

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. |
| | <u>11</u> | <u>6</u> | <u>11</u> | |

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

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) Dongola Mo.
(STATE OR COUNTRY)13. NAME Norman Shell14. BIRTHPLACE (CITY OR TOWN) Dongola, Mo.
(STATE OR COUNTRY)15. MAIDEN NAME Sample,16. BIRTHPLACE (CITY OR TOWN) Dongola Mo.
(STATE OR COUNTRY)17. INFORMANT Norman Shell
(ADDRESS) Dongola, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Dongola, Mo. DATE Aug, 23 193419. UNDERTAKER Ch. J. Baker
(ADDRESS) Luteville, Mo.20. FILED Aug. 23 1934 J. M. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 21st 193422. I HEREBY CERTIFY, That I attended deceased from Aug 15 1934 to Aug 21 1934I last saw him alive on Aug 21 1934 Death is saidto have occurred on the date stated above, at 3 P. m.

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

General Septicemia(No history of trauma)Other contributory causes of importance: Septic MeningitisName of operation Incision Drainage Abscess Date of 8/15/34What test confirmed diagnosis Lab. Report Was there an autopsy? No23. 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) George St. Baker, 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.

