

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

Do not use this space.

OCT 15 1934

1. PLACE OF DEATH

County Cape Girardeau
Township Scrubble
City St. James (No. 126)

Registration District No. 126
Primary Registration District No. 519413

File No. 32176
Registered No. 8
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Puxies mo 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-28-1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
25 6 24

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Motors Station

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) Puxies mo

13. NAME Jody Smith

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

15. MAIDEN NAME Rosie Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co mo

17. INFORMANT Jody Smith (ADDRESS) Puxies mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Providence Cem DATE Sept-25-1934

19. UNDERTAKER (ADDRESS) Stoddard Co. mo. Ferguson Funeral Home Cape Girardeau mo

20. FILED Sept, 24 1934 W. W. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-22-1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Gun Shot accidental (Date of onset)

Other contributory causes of importance:
none

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? accident Date of injury 9-22-1934

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 _____

(Signed) J. A. Moore 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.

