

DEC 13 1934

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

Do not use this space.

38750

1. PLACE OF DEATH

County Cape Girardeau
Township Cape Girardeau
City Cape Girardeau (No. to East no Hospital)

Registration District No. 125-
Primary Registration District No. 3069

File No. _____
Registered No. 248
St. _____ Ward _____

2. FULL NAME

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

St. _____ Ward _____

Princeton Mo
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-17-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 0 9

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) Shaner town Mo

13. NAME Alex - Cotner

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 My Wm Hartung
(ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Yard Chappel Cem DATE Nov-27 1934

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

20. FILED 11-27-34 J. M. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-26 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-23 1934 to 11-26 1934

I last saw him alive on 11/26 1934 Death is said

to have occurred on the date stated above, at 12:50 a.m.

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

Cholecystitis & Cholera
Other contributory causes of importance 76

Name of operation Cholecystectomy Date of 11/26/34

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 _____, 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) G. Smith M. D.

(Address) Cape Girardeau Mo

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.

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MOTHER FATHER

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