

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.

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

Do not use this space.

JAN 5 1935

42214

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125-
Township..... Primary Registration District No. 3009
City Cape Girardeau (No. South East Ma. Hospital)
St. _____ Ward _____

File No. _____
Registered No. 268
St. _____ Ward _____

2. FULL NAME Underwood, Jerry Lee

(a) Residence, No. 7 New Madrid St., _____ Ward. New Madrid Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Caucasian 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) 9-22-1984

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 26

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) Cape Girardeau (STATE OR COUNTRY) Missouri

13. NAME Underwood, Burl E.

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

15. MAIDEN NAME Salyer, Margaret

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

17. INFORMANT Underwood Burl E. (ADDRESS) New Madrid Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. UNDERTAKER J.C. Knight (ADDRESS) Parma Mo.

20. FILED 12-18 1934 J.M. / [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1934, to Dec 17 1934

I last saw him alive on 12-17 1934. Death is said to have occurred on the date stated above, at 7⁴⁵ a.m.

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

Brain Abscess
[Signature]
Other contributory causes of importance: _____

Date of onset _____

acute purulent meningitis
ear infection

Name of operation Myringotomy Date of Dec 16
What test confirmed diagnosis? Culture from ear Was there an autopsy? No

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? No
If so, specify _____

(Signed) Carl W. Zimmerman, M. D.
(Address) Cape Girardeau

