

JAN 15 1935

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

Do not use this space.

Slingshot 225

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 128-
Township A Primary Registration District No. 3009
City A (No. North Water St.) St. Ward

File No.
Registered No. 281

2. FULL NAME

(a) Residence, No. North Water 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 5 14

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

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) Carbondale Ill.

13. NAME Robert Charles

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

15. MAIDEN NAME Maggie Lee

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

17. INFORMANT Robert Charles

(ADDRESS) Dups Ill.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fairmont farm DATE Dec 25, 1934

19. UNDERTAKER Walthus Und Co

(ADDRESS) Cape Girardeau Mo

20. FILED 12-28-34 Jm Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1934, to Dec 23, 1934

I last saw him alive on Dec 23, 1934. Death is said to have occurred on the date stated above, at 3:20 p.m.

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

Carcinoma of Colon
Other contributory causes of importance: if 4

Name of operation Date of

What test confirmed diagnosis? 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) C. N. H. Macey, M.D.

(Address) 318 Broadway 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.

MOTHER FATHER

OCCUPATION

