

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

Do not use this space.

413

FEB 20 1935

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township East Primary Registration District No. 3009
Sub-township (No. _____) _____ St. _____ (Ward)

File No. _____
Registered No. 7

2. FULL NAME

(a) Residence, No. 203 S. Sprigg 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lee Brown

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1935 to Jan 5 1935
I last saw h. ev. alive on Jan 5 1935 Death is said to have occurred on the date stated above, at 4:00 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25-1878

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 0 10

Organic Heart Disease

8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. housewife

Other contributory causes of importance:

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) Falk County Mo

13. NAME Sage Dean

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Sarah Dennington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Channahon Mo

17. INFORMANT (ADDRESS) Lee Brown Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Channahon DATE Jan 6 35

19. UNDERTAKER (ADDRESS) Bank of Pacific Funeral Home Cape Girardeau Mo

20. FILED Jan 10 1935 J. M. Thompson Registrar.

Name of operation None 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) Paul R. Williams, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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