

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

Do not use this space.

APR 15 1935

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township Cape Girardeau Primary Registration District No. 3009
 City CAPE GIRARDEAU (No. 125) (Ward. 125)
 St. Mo. Ward 125

File No. 8346
 Registered No. 86

2. FULL NAME

(a) Residence, No. Parma, Mo. St. Mo. Ward. Parma, 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
about 54 yrs.

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

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) Denmark

13. NAME Unknown

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

15. MAIDEN NAME _____

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

17. INFORMANT N. Sheets
 (ADDRESS) Linden, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Linden, Mo. DATE Mar 30, 1935

19. UNDERTAKER Wm. J. Taylor
 (ADDRESS) Cape Girardeau, Mo.

20. FILED 3-28, 1935 J.M. Thompson
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 28th, 1935, to Mar 28th, 1935

I last saw him alive on Mar 27th, 1935. Death is said to have occurred on the date stated above, at 3:20 a.m.

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

Toxaemia resulting from a ruptured appendix Date of onset about Mar 18/35

Other contributory causes of importance: Appendicitis

Name of operation Appendectomy Date of Mar 28/35
 What test confirmed diagnosis? symptoms 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) G. B. Schulz, 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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