

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

JUN 13 1935

Do not use this space.

15778

1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 125Township " "Primary Registration District No. 3009City Cape Girardeau(No. 45)St. FrederickFile No. 121Registered No. 121St. " "Ward " "

2. FULL NAME

(a) Residence, No. 545 S. Frederick

(Usual place of abode)

Ward. " "

(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

Col.5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 20 - 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.75719

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Perry County
Mo.

13. NAME

Charles DeLassus

FATHER

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Perry County
Mo.

MOTHER

15. MAIDEN NAME

Mary M. C. Thim16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Perry County
Mo.17. INFORMANT
(ADDRESS)C. J. Lambert
Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Fairmount

DATE

May 9

1935

19. UNDERTAKER
(ADDRESS)Walter Funeral Home
Cape Girardeau, Mo.

20. FILED

- 7

1935

J. M.

Lambert

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7/1935, 19

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Heart Disease.

Date of onset

Other contributory causes of importance:

None.

Name of operation..... Date of.....

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 5/8/1935.

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)

(Address)

J. A. Moore

Coroner

Cape Girardeau, Mo.

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