

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

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.

1 JUN 19 1935

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

Do not use this space.

15788

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 125

Township Cape Girardeau

Primary Registration District No. 3009

City Cape Girardeau

(No. Mississippi River)

File No. _____

Registered No. 129

St. _____ Ward _____

2. FULL NAME UnKnown White Man.

(a) Residence, No. Don't Know.

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)

Don't Know

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Don't Know.

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

Don't Know.

7. AGE

YEARS

MONTHS

DAYS

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

About 50 Or 55 Years

OCCUPATION

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

Don't Know.

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)

Don't Know.

FATHER

13. NAME

Don't Know.

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

Don't Know.

MOTHER

15. MAIDEN NAME

Don't Know.

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

Don't Know.

17. INFORMANT (ADDRESS)

None

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fairmont Cemt. DATE May 16 1935

19. UNDERTAKER (ADDRESS)

Haman's Funeral Home. Cape Girardeau Mo.

20. FILED

5-16-35 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1935

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:

Drowned in Mississippi River Found at Marquette Loading Docks in South Cape Girardeau Missouri.

Date of onset

Other contributory causes of importance:

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? Drown Date of injury 5-16 1935

Where did injury occur? Cape Girardeau. (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) J. A. Moore

(Address) Cape Girardeau, Mo.

Coroner. H. B.

