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

AUG 13 1935

Do not use this space.

22365

1. PLACE OF DEATH

County Cape Girardeau. Registration District No. 125

Township " " Primary Registration District No. 3009

City CAPE GIRARDEAU (No. 602 Olive, St. St. Ward)

File No.

Registered No. 192

2. FULL NAME A.M.Primm.

(a) Residence, No. 602 Olive St. 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: Black.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ruth Wiley.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 22. 1891

7. AGE: YEARS 44 MONTHS 5 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Internial Shoe Factory.

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): Jackson. Mo.

FATHER

13. NAME: Hy Wiley.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.

MOTHER

15. MAIDEN NAME: Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.

17. INFORMANT (ADDRESS): Ruth Primm. Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fairmont Cemt. DATE July17 1935

19. UNDERTAKER (ADDRESS): Haman's Funeral Home. Cape Girardeau Mo.

20. FILED 7-14 1935 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 14. 1935.

22. I HEREBY CERTIFY, That I attended deceased from 7-6, 1935, to 7-14-, 1935

I last saw him alive on 7-14-, 1935. Death is said to have occurred on the date stated above, at 650P m.

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

	Date of onset
Uremia	7-9-35
Hypertensive Heart Disease	?

Other contributory causes of importance:

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) D. R. Strabaugh, M. D.

(Address) Jackson

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

Do not use this space.

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125 File No. 22365
Township ..... Primary Registration District No. 3009- Registered No. 192
City Cape Gir. (No. ....., ... St. ..... Ward)

2. FULL NAME A. M. Primm
(a) Residence, No. 602 Olive St. 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 M
4. COLOR OR RACE B
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) M.

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

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

7. AGE YEARS 44 MONTHS DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 4-2, 1936 J. M. Thompson Registrar.

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 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:

	Date of onset
Uremia	
No further information	

Other contributory causes of importance:
Hypertensive Heart Dis.

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 ....., 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? .....
If so, specify .....
(Signed) D. R. Seabaugh, M. D.
(Address) Jackson 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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