

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

Do not use this space.

**'AUG 13 1935**

22374

**1. PLACE OF DEATH**

County Cape Girardeau  
 Township Cape Girardeau  
 City Pape Sunday

Registration District No. 124  
 Primary Registration District No. 3009  
 (No. Southeast Mo. Hspt.)

File No. \_\_\_\_\_  
 Registered No. 204  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Fatchett, Shirley Jean**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Jackson, 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 <u>Female</u>	4. COLOR OR RACE <u>Caucasian</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-9-1935</u>		
7. AGE	YEARS	MONTHS
		<u>3</u>
	DAYS	
	<u>21</u>	
If LESS than 1 day, _____ hrs. 'or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	11. Total time (years) spent in this occupation _____
	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) _____	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Mo

13. NAME Fatchett, Jesse Sherman

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

15. MAIDEN NAME Mason Ruth

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

17. INFORMANT Fatchett, Jesse Sherman  
 (ADDRESS) Jackson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Russell High DATE July 31 1935

19. UNDERTAKER McCombs & Co. Inc.  
 (ADDRESS) Jackson Mo

20. FILED 7-30 1935 Jon. Thompson  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-30 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935 to July 30, 1935  
 I last saw h. e. x. alive on 7-30 1935 Death is said to have occurred on the date stated above, at 8 1/2 pm.

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

<u>Colitis</u>	Date of onset <u>7-28</u>
<u>Bronchial pneumonia</u>	<u>7-30</u>

Other contributory causes of importance: Mal-nutrition

Name of operator \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) Dr. Robert H. ... 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.

