

OCT 18 1935

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

Do not use this space.

28930

## 1. PLACE OF DEATH

County Cape Girardeau  
Township St. Clair  
City Cape Girardeau, Mo.

Registration District No. 125  
Primary Registration District No. 3009  
(No. So. Cent. Mo. Hospital)

File No. 277  
Registered No. 277  
St.          Ward         

## 2. FULL NAME

(a) Residence, No. Wappapella, Mo. St.          Ward.           
(Usual place of abode)

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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Jean Wilfong</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan - 21 / 1894</u>		
7. AGE	YEARS	MONTHS
<u>41</u>	<u>8</u>	<u>4</u>
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.		<u>Unknown</u>
10. Date deceased last worked at this occupation (month and year)		<u>Unknown</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wappapella, Mo.</u>		
13. NAME <u>Mr. Jim Wilfong</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hardwood, Mo.</u>		
15. MAIDEN NAME <u>Miss Lena Jones</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Mr. Clayton Wilfong</u> (ADDRESS) <u>2 Chap. 2nd St. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wilfong Cent</u> DATE <u>Sept - 27</u> 19 <u>35</u>		
19. UNDERTAKER <u>Kennan's Funeral Home</u> (ADDRESS) <u>Cape Girardeau, Mo.</u>		
20. FILED <u>9/25 - 1935</u> <u>J. M. Thompson</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1935, to Sept. 25, 1935.  
I last saw him alive on Sept. 25, 1935. Death is said to have occurred on the date stated above, at 12:50 p. m.  
The principal cause of death and related causes of importance were as follows:  
Chocess of the Lung, (Right) Date of onset May 25 1935

Other contributory causes of importance:  
Euphuemia, Urside } Sept 25 1935  
Gabrigem of the Rth Lung

Name of operation Reh. Rector's Drainage Date of 9-11-35  
What test confirmed diagnosis Sputum Was there an autopsy? Yes

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? Yes  
If so, specify           
(Signed) George D. Shaffer, 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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