

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

Do not use this space.

32090

Nov 19 1935

**1. PLACE OF DEATH**

County Cape Girardeau  
Township Cape Girardeau  
City Cape Girardeau (No. South end 2700. Hospital)

Registration District No. 125  
Primary Registration District No. 3009

File No. \_\_\_\_\_  
Registered No. 299  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jul 1, 1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>63</u>	<u>10</u>	<u>16</u>		

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

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) Cape Girardeau, County, Missouri

13. NAME Hary Wilhelm

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

15. MAIDEN NAME Wilhelmina Siever

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

17. INFORMANT Mrs. C. A. Parks  
(ADDRESS) Jackson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. John's Cem. DATE Oct 20 1935

19. UNDERTAKER (ADDRESS) Chaffin - Miller  
Jackson, Mo.

20. FILED 10 18 1935 J. M. Thompson  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-18 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1935 to Oct 18 1935

I last saw her alive on Oct 17, 1935 Death is said to have occurred on the date stated above, at 11 A. m.

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

appendicitis (chronic)  
General Peritonitis  
Followed by Obstruction  
of Bowels

Other contributory causes of importance: \_\_\_\_\_

Name of operation app Date of Sept 29

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) E. P. Jackson, M. D.  
(Address) Jackson Mo

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.

