

JAN 15 1936

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

Do not use this space.

38817

1. PLACE OF DEATH

County: Cape Girardeau Registration District No. 124  
Township: Byrd Primary Registration District No. 5177  
City: County Home No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed Don't know wife name  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14-1860  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 5 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Business Co Home  
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. 81 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

13. NAME OK

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

15. MAIDEN NAME OK

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

17. INFORMANT (ADDRESS) Chas Kander 64th Broadway St 292

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis Mo DATE 12-11-35

19. UNDERTAKER (ADDRESS) Beard Deven Corp 118 S 25th St St Louis Mo

20. FILED 12-9-35 D. J. Schuber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-8, 1935

22. I HEREBY CERTIFY that I attended-deceased from Dec 1 1935 Dec 8 1935  
I last saw him alive on Dec 9 1935 Death is said to have occurred on the date stated above, at \_\_\_\_\_  
The principal cause of death and related causes of importance were as follows:  
Ch. B. pneumonia Date of onset 1930

Other contributory causes of importance: None  
Art. to Schuber 1934

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. J. Schuber M.D.  
(Address) St Louis 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.

