

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

Do not use this space.

38828

**1. PLACE OF DEATH**

County Cape Girardeau, Registration District No. 124-  
 Township " Primary Registration District No. 3009  
 City Cape Girardeau, (No. SO, EAST MO HOSPITAL. St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
 Registered No. 360

**2. FULL NAME** Elgie Gile Statler

(a) Residence, No. 529 South Benton 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 2, 1915.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
20 1 10

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FEDERAL METAL CO

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME P.W. Statler

14. BIRTHPLACE (CITY OR TOWN) Bollinger County (STATE OR COUNTRY) Mo.

15. MAIDEN NAME CORA STATLER.

16. BIRTHPLACE (CITY OR TOWN) BOLLINGER CO (STATE OR COUNTRY) MO.

17. INFORMANT Mr. P.W. Statler (ADDRESS) Cape Girardeau,

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedgewichville DATE DEC 15, 1935

19. UNDERTAKER HAMANIS FUNERAL HOME (ADDRESS) CAPE GIRARDEAU MO.

20. FILED 2-12-30 Registrar. \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 12, 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 242p.m.

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

Accidental Unavoidable.  
Automobile Accident,  
TRUCK HE WAS DRIVING  
WAS HIT BY TRAIN AT  
RAILROAD CROSSING

Other contributory causes of importance: None.

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? Accident Date of injury 12. 13. 35.

Where did injury occur? Cape Girardeau Missouri. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On Rail Road Crossing.

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) J.A. Moore, 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.

OCCUPATION FATHER MOTHER

