

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

Do not use this space.

JAN 15 1936

38843

1. PLACE OF DEATH

County Cape

Registration District No. 121-

Township Cape Girardeau

Primary Registration District No. 3009

City Cape Girardeau

St. Mo Ward 1

File No. 376

Registered No. 376

St. Mo

Ward 1

2. FULL NAME

(a) Residence, No. 121-

(Usual place of abode)

St. Mo

Ward 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 0 ds.

How long in U. S., if of foreign birth? 1 yrs. 4 mos. 0 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 Mr. Sam Bowman Jr.

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

Jan 21 1915

7. AGE

YEARS

20

MONTHS

11

DAYS

0

IF LESS than 1 day, ... hrs. or min.

OCCUPATION

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

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

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

Bertrand Mo

FATHER

13. NAME Geo W Feminine

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

Jackson Mo

MOTHER

15. MAIDEN NAME Florence M. Bush

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

Bertrand Mo

17. INFORMANT (ADDRESS)

Mr Joseph B Feminine

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE 12-23-1935

19. UNDERTAKER (ADDRESS)

Wampler

20. FILED

12-21-1935

J. M. Thompson

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

12-21-1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1935 to Dec 21 1935

I last saw him alive on Dec 21, 1935 Death is said to have occurred on the date stated above, at 6 a.m.

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

General Peritonitis & Blood Stream Staphylococcus infection

Date of onset 12-16-35

Other contributory causes of importance:

Scarlet Fever - Confirmed

Name of operation None

What test confirmed diagnosis? Microscopic Examination

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury 12-21-35

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. H. Baker, M. D.

(Address) Cape Girardeau Mo

