

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.

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

Do not use this space.

'JAN 15 1936'

38855

1. PLACE OF DEATH

County Cape Girardeau
Township Wagon Wheel
City Wagon Wheel (No. 125)

Registration District No. 125
Primary Registration District No. 178

File No. _____
Registered No. 957
St. _____ Ward _____

2. FULL NAME

John J. Cabbot
(a) Residence, No. Bloufeger, mo. St. _____ Ward. Bloufeger, 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Don't know

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 56

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour
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) Don't know

13. NAME Don't know

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

15. MAIDEN NAME " " " "

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

17. INFORMANT J. A. Moore (Crown)
(ADDRESS) Cape Girardeau, mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Taimont DATE Dec. 6, 1935

19. UNDERTAKER (ADDRESS) Long F. H. Co
Cape Girardeau, mo.

20. FILED 12-4-35 J. M. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-4-1935

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 _____ m.

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

Burned to death in home Date of onset _____

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 12-4-1935

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

Specify whether injury occurred in (industry, in home, or in public place) In home

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.

