

MAY 19 1936

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

Do not use this space.

14363

## 1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125  
Township 11 Primary Registration District No. 3009  
City CAPE GIRARDEAU (No. Nely Hill So. Cape. St. 109 Ward)

## 2. FULL NAME

(s) Residence, No. Willie Lattin St. 109 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S. B. Lattin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 - 1906

7. AGE YEARS 30 MONTHS 4 DAYS 22 If LESS than 1 day, ..... hrs. or ..... min.

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

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) Bridgton, Maryland13. NAME J. P. Wittley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Birmingham, Alabama15. MAIDEN NAME Katie Brown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis, Tenn.17. INFORMANT S. B. Lattin (ADDRESS) 2021 1/2 St. W. Cape Girardeau, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont cemetery DATE April 6, 193619. UNDERTAKER Larberg & Co. (ADDRESS) Cape Girardeau, Mo.20. FILED 4-3-36 1936 J. M. [unclear] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1936 to April 3, 1936  
I last saw her alive on April 3, 1936 Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Robert pneumonia Date of onset 4/1/36

Other contributory causes of importance:

Name of operation None Date of.....  
What test confirmed diagnosis Phys. Ex. Was there an autopsy? X

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? No

If so, specify George B. Walker M. D.  
(Signed) George B. Walker 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.

