MAY 19 1936

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

Do not use this space.

14377

1. PLACE OF DEATH

County Cape Girardeau — Registration District No. 125 — File No.

Township " — Primary Registration District No. 3009 — Registered No. 125

City Cape Girardeau, Mo. (No. , St. Francis Hospital St. Ward)

2. FULL NAME Janet Lee Mertens

(a) Residence, No. 107 North Fredrick 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	2	24	

OCCUPATION

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

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) Cape Girardeau, Mo.

FATHER

13. NAME Alvin Mertens

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

MOTHER

15. MAIDEN NAME Janette Howard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Ridge Mo.

17. INFORMANT Janette Mertens
(ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Ridge Cemt. DATE April 21 1936

19. UNDERTAKER Hamann's Funeral Home
(ADDRESS) Cape Girardeau, Mo.

20. FILED 4-19-36 Jim Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 17th, 1936, to April 19th, 1936

I last saw him alive on April 19th, 1936. Death is said to have occurred on the date stated above, at 2:45 P.m.

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

	Date of onset
Congenital Syphilis	1-25-36
Other contributory causes of importance: Bleeding from mucous membrane of mouth and nose.	4-17-36

Name of operation Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? No.

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

(Signed) R. A. Reitter, M. D.

(Address) 735 A Broadway, 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.