

JUN 7 1936

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

Do not use this space.

18793

1. PLACE OF DEATH

County Cape
Township A
City Cape Girardeau (No. 2)

Registration District No. 125
Primary Registration District No. 3009
Dr. E. M. Hospital

File No. _____
Registered No. 166
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. New Madrid Mo. Ward. New Madrid, 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Irene Lued</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 23-1853</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>8</u>
	DAYS <u>26</u>	IF LESS than 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired miller</u>
	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) Harding Ohio

FATHER 13. NAME Oanson Lued

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

MOTHER 15. MAIDEN NAME Elnor Nutron

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

17. INFORMANT Miss Edna Lued (ADDRESS) New Madrid - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Hubert DATE May 22, 1936

19. UNDERTAKER Richard Ward Co. (ADDRESS) New Madrid, Mo.

20. FILED 5-19-36 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 5/10, 1936 to 5/19, 1936
I last saw him alive on 5/19, 1936 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:
Date of onset _____

Diabetes melitus

Other contributory causes of importance: 50

Carbonyl S

Name of operation Exc. of Carbonyl S Date of 5/19/36

What test confirmed diagnosis? SPIRIT Was there an autopsy? _____

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? If so, specify _____

(Signed) J. M. Thompson, M. D. (Address) Cape Girardeau

WHITE PRINT, WITH UNFADING INK---THIS IS A PERMANENT RECORD
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.

JUL 23 1947