

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.

JUN 7 1936

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

Do not use this space.

18796

1. PLACE OF DEATH

County Cape Girardeau  
Township "  
City Cape Girardeau (No. St. Francis Hospital)

Registration District No. 125-  
Primary Registration District No. 3009

File No. 169  
Registered No. 169 (Ward)

2. FULL NAME

William Travillion

(a) Residence, No. Ballinger, County, Mo. Ward. "  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
80 4 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired shoe worker.  
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) Mulcahey, Illinois

13. NAME James Travillion

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

15. MAIDEN NAME Dora Snow

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

17. INFORMANT (ADDRESS) Clarence Travillion, Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Truants Cem. DATE May 25, 1936

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

20. FILED 5-24-36 J.M. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1936

22. I HEREBY CERTIFY, that I attended deceased from 9-20, 1936, to 9-24, 1936. I last saw him alive on 9-24, 1936. Death is said to have occurred on the date stated above, at 12:40 P.M.

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

FR. L. HARRIS  
1936  
Other contributory causes of importance:  
Date of onset

Name of operation None Date of "  
What test confirmed diagnosis? None Was there an autopsy? "

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? acc Date of injury 9-20, 1936

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 Fall  
Nature of injury Slipped + Fell

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) [Signature], M. D. (Address) Cape Girardeau

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