

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

Do not use this space.

JUN 27 1936

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 125

Township 4

Primary Registration District No. 3009

City IL

(No. L. E. Mo. Hospital)

File No. 18802

Registered No. 178

St. Ward

2. FULL NAME

(a) Residence, No. Commerce Mo.

(Usual place of abode)

Ward. Commerce Mo.

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

✓

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

May 25-1877

7. AGE

YEARS

59

MONTHS

0

DAYS

5

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Housewife

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)

Commerce Mo

FATHER

13. NAME

John L. Gaither

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

Kentucky

MOTHER

15. MAIDEN NAME

Columbia Daugherty

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

Cape Girardeau Mo

17. INFORMANT (ADDRESS)

Mrs. G. W. Marshall Commerce Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Commerce Mo

DATE

May 31 1936

19. UNDERTAKER (ADDRESS)

Walther Funeral Home Cape Girardeau Mo

20. FILED

5-2736 J. M. Lupton Registrar.

MEDICAL CERTIFICATE OF DEATH

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

May 27 1936

22. I HEREBY CERTIFY, That I attended deceased from

May 27 1936 to May 30 1936

I last saw ✓ alive on May 29 1936 Death is said

to have occurred on the date stated above, at 3:14 A.M.

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

Tumor of Spinal Cord
Origin of which was rudimentary

Date of onset

May 29

Other contributory causes of importance:

Endocarditis Heart Anomalous

Name of operation

None

Date of

What test confirmed diagnosis

Clinical

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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

Mass

Nature of injury

✓

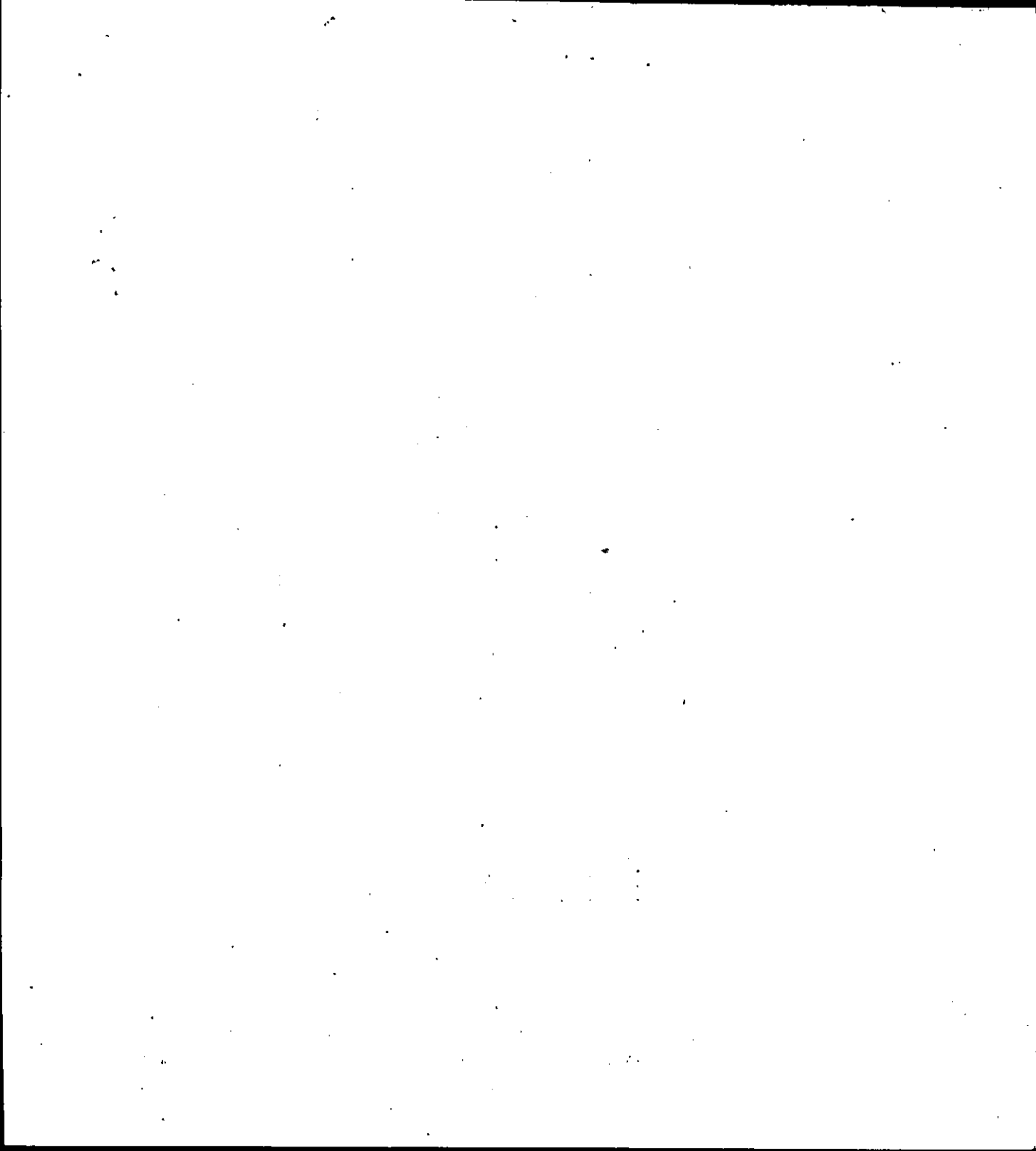
24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

D. H. Haff, 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.

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 128

Township 11

Primary Registration District No. 3009

City 11

(No. 11)

File No. 1178

Registered No. 1178

St. 11

Ward 11

2. FULL NAME

(a) Residence, No. Bell Anderson

St. 11

Ward 11

(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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

m

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, state in hours and minutes.

59

0

5

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED 7-25-36

Registrar

MEDICAL CERTIFICATE OF DEATH

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

May 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

Last saw him..... 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:

Lesions of spinal cord

Other contributory causes of importance:

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?..... 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)

(Address)

M. D.

51218802

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-10-2010 BY 60322
UCBAW/STP/STP/STP/STP/STP