

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.

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

Do not use this space.

JUN 17 1936

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125-4 File No. 18806
Township 6 Miles South West of Cape Girardeau Primary Registration District No. 3009 Registered No. 177
City (No. 6 Miles South West of Cape Girardeau) (Ward)

2. FULL NAME Paul Niswonger

(a) Residence, No. R.F.D. # 2 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 - 1924

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
12 5 2

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

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

13. NAME Paul Niswonger

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

15. MAIDEN NAME May Grish

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

17. INFORMANT Paul Niswonger (ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Niswonger cemetery DATE May 19, 1936

19. UNDERTAKER L. H. F. & M. Co. (ADDRESS) Cape Girardeau Mo

20. FILED 1-27-36 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27th, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Accidental Drowning.
Fell from boat, in Ramsey Creek.
About 6 miles South West of Cape Girardeau Missouri.

Date of onset

Other contributory causes of importance:

None.

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? Acc't. Date of injury 5-27-36
Where did injury occur? 6 Mi. S.W. Cape Girardeau. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Ramsey Creek.

Manner of injury
Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. A. Moore Coroner. W.D.
(Address) 130a N. Sprigg Street,

Cape Girardeau Mo.

