

JUL 17 1936

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

Do not use this space.

22213

1. PLACE OF DEATH

County Cape County
Township Cape Girardeau
City CAPE GIRARDEAU (No.)

Registration District No. 125
Primary Registration District No. 3009
S.E.M. Hospital (No.)

File No.
Registered No. 188
Ward

2. FULL NAME

(a) Residence, No. Flat B. S. K. 222
(Usual place of abode)

Ward Flat Rock, Ill
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62 7 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer
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) Crawford Co. Ill

13. NAME not obtained

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

15. MAIDEN NAME not obtained

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

17. INFORMANT (ADDRESS) Mrs. Cecil Weger

18. BURIAL, CREMATION, OR REMOVAL PLACE Jones Cemetery DATE June 13, 1936

19. UNDERTAKER (ADDRESS) J.M. Thompson

20. FILED 6-17-36 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-11-1936

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 10:56 a.m.

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

Branchio-pneumonia
Cerebral thrombosis
Emphysema of lungs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? all tests Was there an autopsy? no

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

Accident, suicide, or homicide? accident Date of injury 5/26, 1936

Where did injury occur? Flat Rock, Ill

(Specify city or town, county, and State)

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

Manner of injury Auto accident

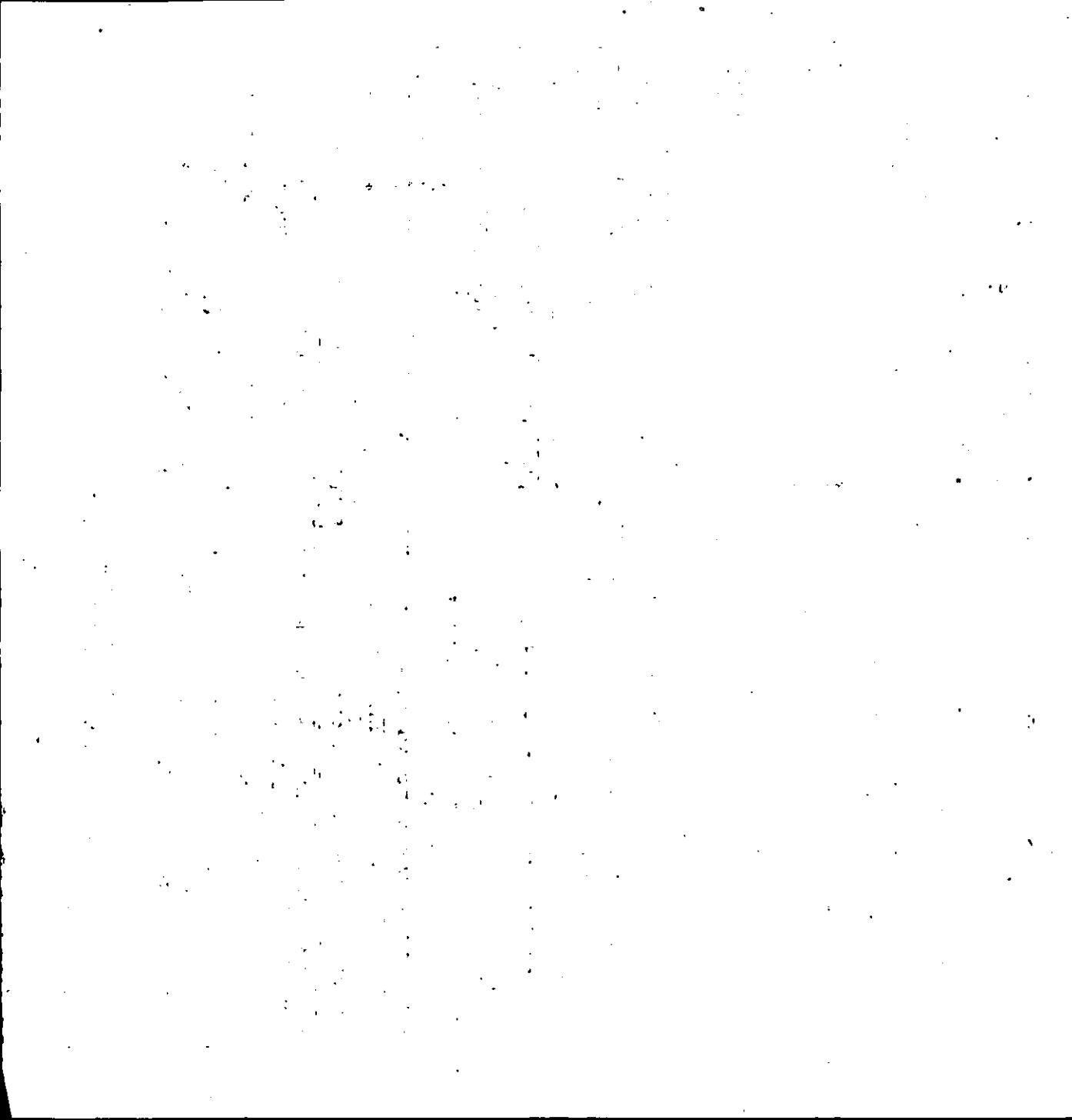
Nature of injury

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

If so, specify

(Signed) L. H. Hood, M. D.

(Address) Cape Girardeau, Mo.



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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 120

File No. _____

Township _____

Primary Registration District No. 3009

Registered No. 188

City Cape

No. _____

St. _____

Ward) _____

2. FULL NAME Keizer John O.

(a) Residence, No. _____

St. _____

Ward. _____

(If nonresident, give city or town and State)

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

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 62

MONTHS 7

DAYS 0

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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)

FATHER 13. NAME

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

MOTHER 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 8-29-36

J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-11-36

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

I 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:

Broncho Pneumonia
Cerebral Hemorrhage
Necrosis of brain tissue

Date of onset _____

Other contributory causes of importance:

Passenger of Vehicle
210

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? accident 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 auto accident

Nature of injury _____

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

If so, specify _____

(Signed) J. H. Hardy, M. D.

(Address) Cape Gir. Mo

5-22213