

JUL 17 1936

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

Do not use this space.

22222

1. PLACE OF DEATH

County Cape Registration District No. 125
Township Cape Primary Registration District No. 3009
City Cape Girardeau (No. St. Francis Hospital)
St. _____ Ward _____

File No. _____
Registered No. 194
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 229 S. Larimer 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 <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>Mrs Beulah Sullinger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 26 - 1870</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>8</u>	DAYS <u>21</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Line runner</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) Valley Ridge mo

MOTHER FATHER 13. NAME W E S Sullinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Valley Ridge mo

MOTHER 15. MAIDEN NAME Carolin Whitehead

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs Beulah Sullinger
(ADDRESS) Cape Girardeau

18. BURIAL, CREMATION, OR REMOVAL
PLACE Larimer DATE June 19 1936

19. UNDERTAKER Deavers - Ebers
(ADDRESS) Cape Girardeau Mo

20. FILED 6-18-36 J. M. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18, 1936
22. I HEREBY CERTIFY, That I attended deceased from 5-18, 1936, to 6-18, 1936
I last saw him alive on 6-18, 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 _____
R. H. Ferret
Other contributory causes of importance: 1800

Name of operation Blow to the head
(By podiatrist)
Date of _____
What test confirmed diagnosis? None 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 5-18, 1936
Where did injury occur? Hand
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury House fall from stairs
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) J. H. Ferret, M. D.
(Address) Cape Girardeau

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.

RECORD IS A PERMANENT RECORD

