

AUG 17 1936

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

Do not use this space.

25782

## 1. PLACE OF DEATH

County Cape Girardeau Registration District No. 124  
Township Cape Girardeau Primary Registration District No. 3009  
City St. Francis Hosp No. 229 St.          Ward         

## 2. FULL NAME

(a) Residence, No. Matthews, St. Mo. 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>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-1918</u>		
7. AGE	YEARS <u>18</u>	MONTHS <u>-</u>
	DAYS <u>-</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>School boy</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	11. Total time (years) spent in this occupation.	
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hardin Co. Tenn.</u>		
FATHER	13. NAME <u>J. T. Williams</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Anna Mills</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT <u>J. T. Williams</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Matthews</u> DATE <u>July 11</u> 19 <u>36</u>		
19. UNDERTAKER <u>Adrian Ellis</u> (ADDRESS) <u>St. Francis Hosp</u>		
20. FILED <u>7-13-36</u> <u>J. M. Thompson</u> Registrar. (Address) <u>Cape Girardeau Mo</u>		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/13, 1936 to 7/13, 1936  
I last saw h. a. l. v. alive on 7/13, 1936. Death is said to have occurred on the date stated above, at 10:00 P.M.  
The principal cause of death and related causes of importance were as follows:  
PERITONITIS  
AC  
12/12  
Date of onset

Other contributory causes of importance:  
PERITONITIS  
Appendicitis Date of 7/13/36  
Name of operation Appendectomy  
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) A. D. Smith, M. D.

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.

