

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 20 1936

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

Do not use this space.

36974

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township P. 13 S. Primary Registration District No. 3009
City Cape Girardeau St. St. Francis Hospital (If nonresident, give city or town and State)
Registered No. 367 Ward

2. FULL NAME

(a) Residence, No. Advance mo R. F. D. St. _____ Ward. _____
(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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 6 16

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.

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) Tenn.

FATHER 13. NAME Paul Sims

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

MOTHER 15. MAIDEN NAME Lucinda Spears

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

17. INFORMANT (ADDRESS) J. M. Sims
Advance mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE Oct. 25, 1936

19. UNDERTAKER (ADDRESS) Bohlig Undertaking Co.
Blomfield mo.

20. FILED 10-24-36 J. M. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/19, 1936 to 10/24, 1936

I last saw deceased alive on 10/24, 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:

Uraemia
Chronic Nephritis July 1936

Date of onset

Other contributory causes of importance:

Name of operation _____ 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? _____ 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? No
If so, specify _____

(Signed) George G. Haefly, M. D.
(Address) Cape Girardeau

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