

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

Do not use this space.

NOV 20 1936

36977

**1. PLACE OF DEATH**

County Cape Girardeau

Registration District No. 121

Township Capri

Primary Registration District No. 3009

City Cape Girardeau

File No. ....

Registered No. 370

St. .... Ward)

**2. FULL NAME**

Merilee Bell Hamuack

(a) Residence, No. 1106 Spring Cape St. .... Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 3 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Female</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 OR (OR) WIFE OF <u>Harlo Hamuack</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-9-1886</u>		
7. AGE	YEARS <u>50</u>	MONTHS <u>3</u>
	DAYS <u>16</u>	If LESS than 1 day, ..... hrs. or ..... min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25<sup>th</sup>, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1934 to Oct 21, 1936.

I last saw her alive on Oct 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:

OCCUPATION

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

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

Coronary  
the illness

Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia S. Carolina

MOTHER

13. NAME John W. Dety

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

15. MAIDEN NAME Don't Know

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

17. INFORMANT Harlo Hamuack  
(ADDRESS) 1106 Spring Cape

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt Sterling Ill. DATE Oct 26, 1936

19. UNDERTAKER Recher Bros Fun Home  
(ADDRESS) 107 S Spring Cape Girardeau

20. FILED 10-25 1936 J. M. Thompson  
Registrar.

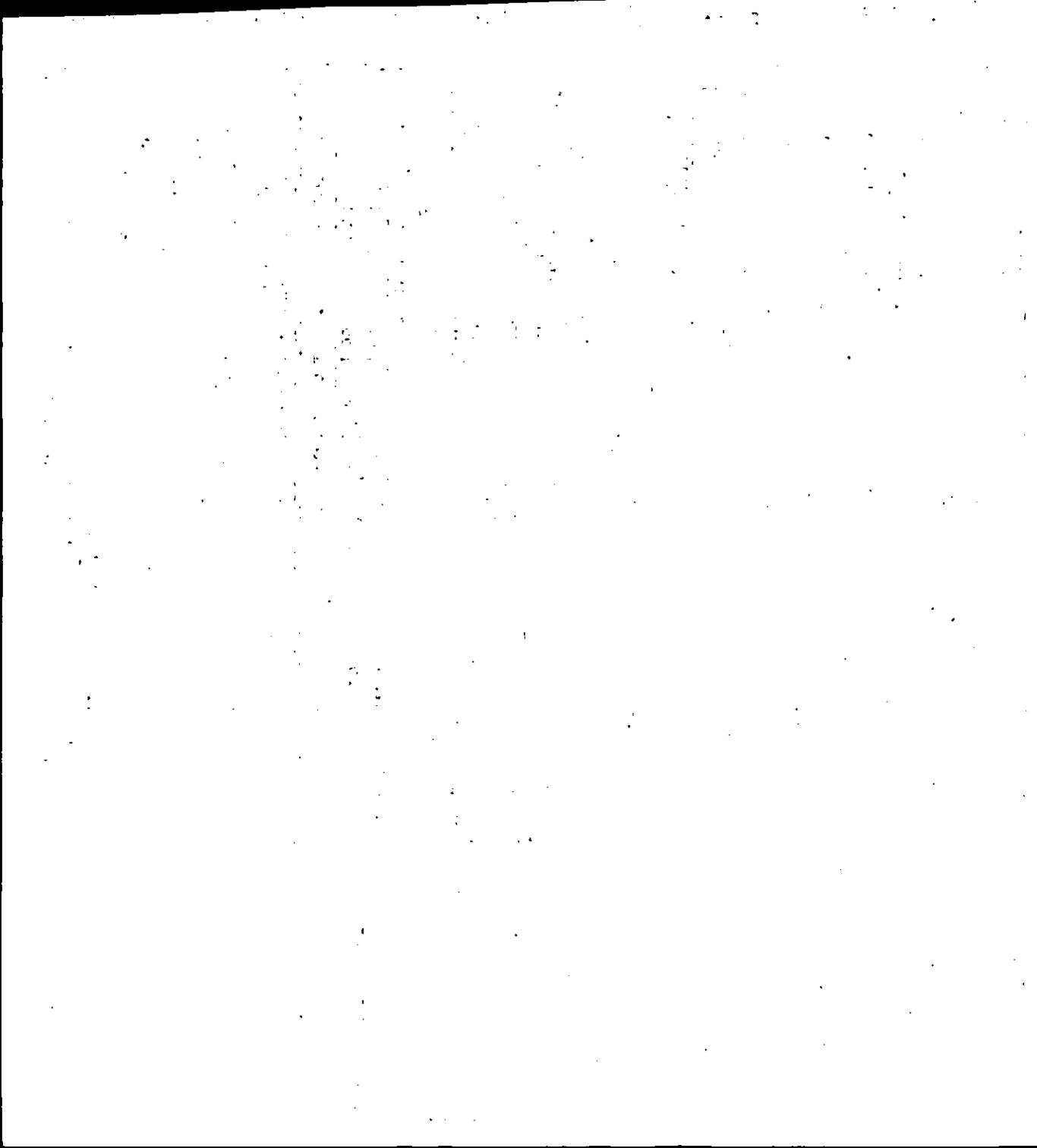
Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... 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 A. Chagrias (Signed) Robert Guadalupe, M. D.  
 (Address) Cape Girardeau Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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**1. PLACE OF DEATH**

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

File No. ....  
Registered No. 370  
St. .... Ward)

**2. FULL NAME** Minnie Bell Dammersell

(a) Residence, No. .... St. .... Ward. (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 F 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 MONTHS DAYS If LESS than 1 day, hrs. or min.  
30 3 16

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)

MOTHER FATHER 13. NAME

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

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 12-28 1936 J. S. Simpson Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 1936

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:

Carcinoma of the uterus + bladder

Other contributory causes of importance:

Attending physician now deceased no further information

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? 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) J. F. Charters, M. D.

(Address) Cape Girardeau

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