

NOV 20 1936

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

Do not use this space.

36982

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 121

Township 11

Primary Registration District No. 3009

City Cape Girardeau

(No. 416 North Street)

File No.

Registered No. 376

St. _____ Ward _____

2. FULL NAME Effie Grissim Wortham

(a) Residence, No. 416 North Street

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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

Black

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. Wortham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1896

7. AGE

YEARS

MONTHS

DAYS

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

40

1

11

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

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

Louisiana

13. NAME Willis Grissim

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

Don't Know

15. MAIDEN NAME Hattie Glinn

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

Don't Know

17. INFORMANT M. Wortham (ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fairmont, Cent. DATE Nov. 4 1936

19. UNDERTAKER Haman's Funeral Home (ADDRESS) Cape Girardeau, Mo.

20. FILED 10-59 1936 J.M. Simpson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 1936 Oct 28 1936

I last saw her alive on Oct 28, 1936 Death is said

to have occurred on the date stated above, at 11:30AM

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

Date of onset

Ch Endocarditis
Coronary Arterial
Hypertension

Other contributory causes of importance:

Ch hepatitis

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) Herbert L. Simpson, M. D.

(Address) Cape Girardeau

Ans

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.

