Dr. A. Fly.

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

JAN 18 1937

Do not use this space.

44015

1. PLACE OF DEATH

County Cape Girardeau — Registration District No. 125 — File No.

Township " — Primary Registration District No. 3009 — Registered No. 424

City Cape Girardeau (No. , St. Francis Hospital St. Ward)

2. FULL NAME Mose S. Proffer

(a) Residence, No. 207a Broadway St., Ward. (If nonresident, give city or town and State)
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sallie Hicks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 19th, 1876

7. AGE: YEARS 60 — MONTHS 7 — DAYS 1 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Contractor
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): Springfield, Mo.

FATHER

13. NAME: William Proffer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME: Susin Adkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Mrs. Sallie Proffer, Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Antioch Cemt. DATE Dec. 22nd 1936

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

20. FILED 12-20-36 J. M. Thompson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 20th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-15, 1936 to 12-19, 1936

I last saw him alive on 12-19, 1936. Death is said to have occurred on the date stated above, at 5:50A m.

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

Broncho-pneumonia — Date of onset

Other contributory causes of importance: Hypertrophy of heart, Arterio-sclerosis

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) [signature], M. D.

(Address) Cape Girardeau, Mo.

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.