

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

Do not use this space.

JAN 28 1937

44019

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 124
 Township 11 Primary Registration District No. 3009
 City St. Francis Hospital (No. St. Francis Hospital) St. _____ Ward _____

File No. _____
 Registered No. 430

2. FULL NAME Mrs. Gladys Mercer.

(a) Residence, No. _____ St. _____ Ward Illmo. Mo.
 (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 Female. 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 Carl Mercer.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1913.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23. 4. 22.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garment Worker,
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ely Walker Co.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/24/36, 1936 to _____, 19____

I first saw her alive on _____, 1936. Death is said to have occurred on the date stated above, at 1025 P.m.
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: _____

PERITONITIS AC

ABORTION

Name of operation NONE 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) _____ M. D.

(Address) Cape Girardeau

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Ark.
 FATHER 13. NAME Edgar Hosea.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co. Mo.
 15. MAIDEN NAME Viletta Barnwell.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Ark.
 17. INFORMANT Edgar Hosea.
 (ADDRESS) Illmo. Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Strodersville Court Dec, 29, 1936
 19. UNDERTAKER Haman's Funeral Home.
 (ADDRESS) Cape Girardeau Mo.
 20. FILED 12-26-36 J. M. Thompson Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. 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 File No. _____
 Township _____ Primary Registration District No. 3009 Registered No. 430
 City Cape Girardeau No. _____ St. _____ Ward _____

2. FULL NAME Mrs Gladys Mercer

(a) Residence, No. _____ St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1936

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

22. HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____.

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min. 23 4 22

The principal cause of death and related causes of importance were as follows:
peritonitis Date of onset _____

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) _____ Total time (years) spent in this occupation _____

Other contributory causes of importance:
abortion
Self-induced

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

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

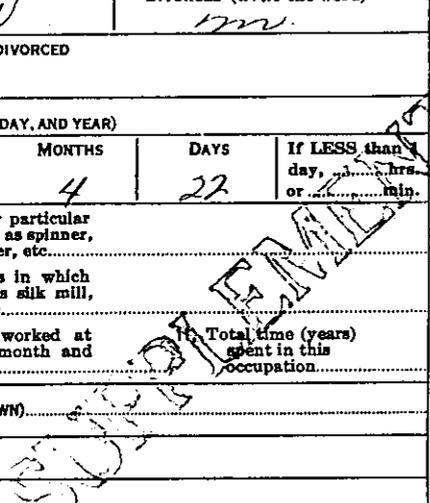
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 3-19-37 J. M. Thompson Registrar

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) A. F. Smith, 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.



S-44019